
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Filing at a Glance

Company:	Auto-Owners Life Insurance Company
Product Name:	Long-Term Care Product
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	11/15/2021
SERFF Tr Num:	AOIC-132726214
SERFF Status:	Closed-Approved and Filed
State Tr Num:	AOIC-132726214
State Status:	Approved & Filed
Co Tr Num:	LTC-VA-02-03/01/2022-01
Effective	03/01/2022
Date Requested:	
Author(s):	Karen Leiby, Kristin Davis, Kyle Borgman, Alison Bradow, Faith Oppen, Nicole Feinauer, Ryan Hines, Sam Hotchkin, Janell Christie, Josef Welbes
Reviewer(s):	Bobby Toone (primary)
Disposition Date:	03/21/2023
Disposition Status:	Approved and Filed
Effective Date:	

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

General Information

Project Name: Rate Increase Filing	Status of Filing in Domicile: Pending
Project Number: LTC-VA-02-03/01/2022-01	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Michigan is the state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 30%	Filing Status Changed: 03/21/2023
	State Status Changed: 03/21/2023
Deemer Date: 04/12/2023	Created By: Ryan Hines
Submitted By: Karen Leiby	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

Filing Description:

Auto-Owners Life Insurance Company of Lansing, Michigan (NAIC #280-61190; FEIN #38-1814333) submits rates for your approval. This policy is an Individual Tax-Qualified Long-Term Care Insurance Policy. This policy is a non-participating policy and is guaranteed renewable for life. The issue ages for this policy are 18-80. This filing does not include any innovative or unique features. We used independent agents to market our products; these policies are no longer being issued. The forms affected by this rate increase are: 50389 (12-02), 61271 (4-06), 50129 (10-01), 50391 (4-06), 50391 (10-05), and 50391 (12-02). No changes are being made to the forms themselves nor are any changes being made to the benefits provided by this product.

Company and Contact

Filing Contact Information

Karen Leiby, ASA	leiby.karen@aoins.com
P.O. Box 30660	800-346-0346 [Phone] 52408 [Ext]
Lansing, MI 48909-8160	517-323-8796 [FAX]

Filing Company Information

Auto-Owners Life Insurance Company	CoCode: 61190	State of Domicile: Michigan
P.O. Box 30325	Group Code: 280	Company Type: LAH
Lansing, MI 48909	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-1814333	

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bobby Toone	03/21/2023	03/21/2023

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	02/16/2023	02/16/2023
Info has been requested from company	Bobby Toone	01/31/2023	01/31/2023
Info has been requested from company	Bobby Toone	12/08/2022	12/08/2022
Info has been requested from company	Bobby Toone	11/03/2022	11/03/2022
Info has been requested from company	Bobby Toone	11/03/2022	11/03/2022
Info has been requested from company	Bobby Toone	09/27/2022	09/27/2022
Info has been requested from company	Bobby Toone	09/07/2022	09/07/2022
Info has been requested from company	Bobby Toone	07/26/2022	07/26/2022
Info has been requested from company	Bobby Toone	06/14/2022	06/14/2022
Info has been requested from company	Bobby Toone	06/14/2022	06/14/2022

Response Letters

Responded By	Created On	Date Submitted
Kristin Davis	03/13/2023	03/13/2023
Kristin Davis	02/02/2023	02/02/2023
Kristin Davis	12/27/2022	12/27/2022
Ryan Hines	11/07/2022	11/07/2022
Kristin Davis	11/04/2022	11/04/2022
Ryan Hines	09/28/2022	09/28/2022
Kristin Davis	09/08/2022	09/08/2022
Kristin Davis	08/04/2022	08/04/2022
Kristin Davis	06/23/2022	06/23/2022
Kristin Davis	06/23/2022	06/23/2022

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bobby Toone	05/04/2022	05/04/2022
Info has been requested from company	Bobby Toone	04/20/2022	04/20/2022
Info has been requested from company	Bobby Toone	02/14/2022	02/14/2022
Info has been requested from company	Bobby Toone	01/18/2022	01/18/2022
Info has been requested from company	Bobby Toone	12/15/2021	12/15/2021
Info has been requested from company	Bobby Toone	11/16/2021	11/16/2021

Response Letters

Responded By	Created On	Date Submitted
Kristin Davis	05/11/2022	05/11/2022
Kristin Davis	04/21/2022	04/21/2022
Ryan Hines	03/16/2022	03/16/2022
Kristin Davis	01/18/2022	01/18/2022
Karen Leiby	01/12/2022	01/14/2022
Karen Leiby	11/17/2021	11/17/2021

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuary Opinion and Final Report	Reviewer Note	Bobby Toone	05/04/2022	
RRS	Reviewer Note	Bobby Toone	01/19/2022	

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Disposition

Disposition Date: 03/21/2023

Effective Date:

Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience reports for the next 3 years comparing the actual results to the results that the company projected in justifying the rate increase. We would expect the first of the three experience report filings to be made no later than 15-18 months after implementation, capturing a full 12 months of experience following the rate implementation, and including updated data through the most recent year end.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Auto-Owners Life Insurance Company	238.000%	30.000%	\$21,249	34	\$70,831	30.000%	30.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Long-Term Care Insurance Policyholder Rate Increase Letter	Filed	Yes
Form (revised)	Long-Term Care Insurance Premium Reduction Selection Form	Filed	Yes
Form (revised)	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Filed	Yes
Form	Long-Term Care Insurance Policyholder Rate Increase Letter	Withdrawn	No
Form	Long-Term Care Insurance Policyholder Rate Increase Letter	Withdrawn	No
Form	Long-Term Care Insurance Policyholder Rate Increase Letter	Withdrawn	No
Form	Long-Term Care Insurance Policyholder Rate Increase Letter	Withdrawn	No
Form	Long-Term Care Insurance Premium Reduction Selection Form	Withdrawn	No
Form	Long-Term Care Insurance Premium Reduction Selection Form	Withdrawn	No
Form	Long-Term Care Insurance Premium Reduction Selection Form	Withdrawn	No

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Schedule	Schedule Item	Schedule Item Status	Public Access
	Form		
Form	Long-Term Care Insurance Premium Reduction Selection Form	Withdrawn	No
Form	Long-Term Care Insurance Premium Reduction Selection Form	Withdrawn	No
Form	Long-Term Care Insurance Premium Reduction Selection Form	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Form	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	Withdrawn	No
Rate	Rate Pages	Approved	Yes
Supporting Document (revised)	Certification of Compliance/Readability	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Communications - Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Exhibit 1 - Loss Ratio Exhibit	Received & Acknowledged	Yes
Supporting Document (revised)	Simplified MN and TX Approach	Received & Acknowledged	Yes
Supporting Document	Rate Request History by State	Received & Acknowledged	Yes
Supporting Document	Additional Information	Received & Acknowledged	Yes
Supporting Document (revised)	Policyholder Communications - John Doe Format	Received & Acknowledged	Yes
Supporting Document	Long-Term Care Insurance Policy Data Page	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance/Readability	Withdrawn	No
Supporting Document	Certification of Compliance/Readability	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Policyholder Communications - Statement of Variability	Withdrawn	No
Supporting Document	Policyholder Communications - Statement of Variability	Withdrawn	No
Supporting Document	Policyholder Communications - Statement of Variability	Withdrawn	No
Supporting Document	Policyholder Communications - Statement of Variability	Withdrawn	No
Supporting Document	Policyholder Communications - Statement of Variability	Withdrawn	No
Supporting Document	Policyholder Communications	Withdrawn	No
Supporting Document	Simplified MN and TX Approach	Withdrawn	No
Supporting Document	Policyholder Communications - John Doe Format	Withdrawn	No

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Filing Company: Auto-Owners Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/16/2023
Submitted Date	02/16/2023
Respond By Date	03/17/2023

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)

Comments: Please provide a definition of the Long-Term Care Policy Item Numbers 239 and 244, as policyholders may not know which type they have.

Objection 2

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)

Comments: The Rate Increase History is not a required part of the policyholder notification package. If the company chooses, the history may be removed from the package.

Objection 3

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)

Comments: If an insured's premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase or at the time that they come off claim? How much time does a policyholder have once they come off claim to notify the company of their option selection?

Objection 4

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Long-Term Care Insurance Premium Reduction Selection Form, 62560 (7-22) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)

Comments: 1. We noted that the company is requesting the policyholder's email address on this form. Is there a company email address policyholders may access if needed? If so, please provide this in the notification package.

2. Is there a website policyholders can visit to get more information about the requested increase, or any policy information? If so, please include it in the letter.

3. In this day and time, why is there no way for a policyholder to submit any of these forms electronically?

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond by Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/31/2023
Submitted Date	01/31/2023
Respond By Date	03/02/2023

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: The third paragraph of form 62510 refers to a Policy Data page refers to a Policy Data Page. Please attach this form to the filing. If the form has been previously approved, attach it to Supporting Documentation and include the SERFF Tracking number in which it was approved. If it is a new form, attach it to the Forms Schedule for review.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/08/2022
Submitted Date	12/08/2022
Respond By Date	01/07/2023

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: The description of the non-forfeiture benefit on page 2 (Item 6 bi) is not in compliance with Virginia Regulation 14VAC5-200-185 E 3, "The standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits."

Please revise to comply with the regulation.

Objection 2

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Sections 5d and 6d on page 2 could be considered misleading as written. If a Non-forfeiture benefit is chosen, all benefits remain the same, except for any inflation protection and the maximum benefit. Please clarify.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

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Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
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Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/03/2022
Submitted Date	11/03/2022
Respond By Date	12/03/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

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Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the average age of current policyholders, both at issue and currently.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Filing Company: Auto-Owners Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/03/2022
Submitted Date	11/03/2022
Respond By Date	12/03/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Communications - Statement of Variability (Supporting Document)

Comments: Please be more specific in the description of the "Letter Date". Is this the date the letter is prepared, or mailed?

Please clarify.

Objection 2

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

- Long-Term Care Insurance Premium Reduction Selection Form, 62560 (7-22) (Form)

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: In compliance with 174VAC5-101-60 5, please submit to Supporting Documentation, a "John Doe" version of each of the above noted forms. The forms should be in the final form in which they are to be used, with no variability.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/27/2022
Submitted Date	09/27/2022
Respond By Date	10/27/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

Comments: Please specify if the company has had an NAIC or Compact rate review on these policy forms in the last 12 months. If so, please send us a copy of the review or provide SERFF access.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/07/2022
Submitted Date	09/07/2022
Respond By Date	10/07/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: Please specify the relationship between the letter date [Date] and the Premium Increase Effective Date, and its compliance with Virginia Regulation 14VAC5-200-75 D; which requires that a policyholder has a minimum of 75 days, once they receive the notification, to make any necessary decisions.

Objection 2

- Policyholder Communications - Statement of Variability (Supporting Document)

Comments: The third item on the Policyowner Rate Increase Letter lists the Company Phone Number, which isn't shown until the second page of the letter. Virginia Regulation 14VAC5-101-80 D requires that variable items appear in the Statement of Variability (SOV) in the same order in which they appear in the form. Please specify if a phone number was meant to be included with the corporate name and address.

Objection 3

- Long-Term Care Insurance Premium Reduction Selection Form, 62560 (7-22) (Form)

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: For consistency with other forms, please use separate brackets around the company phone number and address.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Bobby Toone*

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/26/2022
Submitted Date	07/26/2022
Respond By Date	08/25/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Premium Reduction Selection Form, 62547 (10-21) (Form)

Comments: Under the section "Discontinue Compound Benefit Increase Rider", does the policyholder have the option to reduce the 5% Compound Benefit Increase Rider to the 3% Rider? If so, please include this in the form.

Objection 2

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: Please explain how the policy will be updated when a revision is made. If an endorsement is used, please include a copy of the endorsement.

If the endorsement has been previously approved, attach it to Supporting Documentation, along with the SERFF tracking number in which it was originally approved.

If it has not been approved, attach it to the Form schedule for review.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/14/2022
Submitted Date	06/14/2022
Respond By Date	07/14/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Premium Reduction Selection Form, 62508 (11-20) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear in prominent print on all forms. please add this to the above noted forms.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Filing Company: Auto-Owners Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/14/2022
Submitted Date	06/14/2022
Respond By Date	07/14/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: In compliance with Virginia Regulations 14VAC5-200-75 A1 and A2, please include a statement that the policy may be subject to additional rate increases in the future, and the policyholders options in the event of future rate increases.

Objection 2

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: On page 2, the paragraph beginning with, "If you choose to decrease your premium by selecting one of the available options," the last sentence is a disclosure required by Virginia Regulation 14VAC5-200-75 D 2b. As such please bold the sentence so it will stand out from the surrounding text.

Objection 3

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Please specify if there are any Partnership policies in this block of business. if there are, please add a disclosure to the forms that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As this is a disclosure, it will need to be bolded as required in Virginia Regulation 14VAC5-200-75 D2c.

Objection 4

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: In compliance with 14VAC5-200-75 A 4b, include a statement that the policyholder has the right to a revised premium rate or rate schedule in the event of future rate revisions.

Objection 5

- Certification of Compliance/Readability (Supporting Document)

Comments: 1. As this filing does have attached forms subject to review and approval, please complete the Certification of Compliance/Readability and attach it to Supporting Documentation.

2. In accordance with 14VAC5-101-70 A & F, each form must be written in simplified language, understandable to a person of average intelligence without special insurance knowledge or training.

Any policy form must achieve a minimum Flesch reading ease score of at least 50.

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Objection 6

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: For consistency with the other forms, please add the form number to both pages of the policyholder letter.

Objection 7

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Please provide a detailed explanation how the rate revision will affect a policyholder who is on claim or on Waiver of Premium.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Filing Company: Auto-Owners Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/04/2022
Submitted Date	05/04/2022
Respond By Date	06/03/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: In the second paragraph, please be certain to include the percentage amount.

Objection 2

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: All the lower case L's and upper case I's seem to have been typed in bold print. If this can be corrected please do so, as it could be distracting.

Please replace all mentions of the Virginia Bureau of Insurance with the Virginia State Corporation Commission.

Objection 3

- Long-Term Care Insurance Premium Reduction Selection Form, 62508 (11-20) (Form)

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Please replace the red brackets with square [] brackets as required in the Variability Guidance document found below.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bobby Toone

Commonwealth of Virginia
Bureau of Insurance
Life and Health Division

Variability Guidance Document

Purpose

The purpose of this guidance document is to clarify and formalize the position of the Bureau of Insurance regarding the use of variable items in insurance forms. The Bureau is sensitive to speed to market considerations and recognizes the benefit to customize group policies to the policyholder's needs to include variable items in certain submissions. However, limited bracketed information is encouraged.

Forms Requirements

Any information appearing in the form that is considered variable and subject to change must be bracketed to denote variability. The submission must include a Statement of Variability that will discuss the conditions under which each variable item may change.

- For specific language that is variable, the language as it will appear in the form that will be issued to the consumer, along with the explanation for language variability, must be included in the Statement of Variability. Either exact or descriptive language may be used as indicated below. If language is bracketed because it will either be included or removed, the Statement of Variability must provide such information and explain under what circumstances the information will be included or removed.
- The Statement of Variability must present reasonable and realistic ranges for each item. For all numeric values, minimum and maximum amounts must be presented. **All variable items must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined.**
- Each variable item must be denoted in square [] brackets. Use of another character may be requested with an explanation. Any character must be consistently used.
- The Statement of Variability must include an explanation of the variability provided in the same order in which it appears in the form (i.e. by page number and paragraph). A recurring item may be explained only the first time it appears if clearly identified as recurring.
- Except for descriptive variability content, general and vague explanations are insufficient. For example, use of phrases such as "as necessary," "as negotiated by the policyholder," "flexibility in plan design," "but not limited to" or "will comply with statutory requirements" are too vague and non-descript and are not allowed.

- Different types of benefits may be variable only for inclusion or exclusion within the form.
- The Statement of Variability may include identification of variable items that are not known or available. The insurer must indicate in the Statement of Variability that the company will file for approval any changes to the variable items or range of values prior to issuance.
- The use of brackets within brackets shall be limited to period of time; numeric values, such as dollar amounts, percentage, and plan numbers; dates; references to the year, such as calendar year, plan year, fiscal year. Minimum and maximum values should be identified.

Filing Requirements

- **Any change to a variable item that was previously approved shall be filed using a supplement to the originally approved Statement of Variability in the original SERFF filing.** Once approved, any requested change subsequent to the original approval of the Statement of Variability may only take effect for new issues of the forms and existing issues of the forms at renewal. Companies using forms with any variations not included in the Statement of Variability will be considered to have used an unapproved form. For third-party submissions, requests for revisions to the Statement of Variability contained in a previously approved filing shall include the SERFF tracking number for the original filing in the new SERFF submission. If the revision affects previously approved rates, a new rate filing will also need to be made.
- The Statement of Variability should only include information applicable to the form being filed. Each form must be accompanied by its own Statement of Variability. The form number of the applicable form must be stated at the top of the Statement of Variability.
- If the Statement of Variability exceeds two pages, an annotated version of the form should be provided. No annotations should appear in the form attached under the Form Schedule. The Statement of Variability that corresponds to the annotated version must identify, in order, each variable item that appears in the form and describe specifically how that item will vary from the text as presented. This version of the form should only be attached under Supporting Documentation.

Permissible Variable Items

The following are examples of permissible variable items. This list is not intended to be all inclusive. Except as noted, changes to the information are allowed without notice or prior approval.

- **Company logos** – If the company logo is denoted as a variable item, it must be submitted within brackets and the basis of the variation must appear in the Statement of Variability. The Bureau must be notified of a change in the logo through an informational filing. It

should be noted that company name changes must be approved by the Bureau's Financial Regulation Division. Therefore, a logo that includes the name of a company may not be changed if a change in the name has not yet been approved by the Bureau.

- Company contact information – This includes home office, administrative office and service office addresses, telephone numbers, e-mail address and website address. Note that when bracketing this information, it should be bracketed throughout the entire form.
- Officer Titles and Signatures.
- Name of the policyholder, insured, policyholder number and effective and issue dates.
- Illustrative language may be used where precise language would be too excessive to provide exact language and a description of the content can instead be provided. Illustrative variability is permitted for class descriptions, periods of time, percentages, numerical values, eligibility rules (*i.e.*, optional items in a list, such as inclusive definitions of “child of an insured employee;” references to active work or active membership) and a description of the enrollment process. The Bureau may at any time request additional information on illustrative language when clarification is needed.
- Names of government programs that may be renamed, such as FMLA, USERRA, Joint Commission; references to 401(k) and 403(b); multiple choice language, for example is/is not, are/are not; and references to customized names by employers, such as PTO, sick leave, and salary continuance.
- Separate accounts and funds – This applies to variable life insurance and variable annuity products.
- Guaranteed minimum interest rates – This applies to annuities and life insurance. A range of values must be provided in the Statement of Variability.
- Guaranteed maximum charges or expenses – A range of values must be provided in the Statement of Variability.
- The C.S.O. Mortality Table and related information – The Statement of Variability must include the basis for the variation.
- Table of Guaranteed Values – The Statement of Variability must include the basis for the variation

- Participation rates for indexed products – A range of values must be provided in the Statement of Variability.
- State-specific disclosures – May be considered variable if the language pertains to states other than Virginia. Virginia-specific disclosure language may be variable only to allow for future changes to statutory or regulatory requirements.

Impermissible Variable Items

- Full licensed name of company, with exception of applications (see Applications Forms below).
- Form number in the bottom left-hand corner of the form.
- Policy definitions
- Only the text or information subject to change may be identified as variable. Entire sections and paragraphs may not be identified as variable unless the entire section or paragraph will be in or out of the document.
- Language required for statutory or regulatory compliance.

Application Forms

The following are examples of permissible variable items in application forms.

- In the case of applications for use by more than one company, the full licensed name of the company can only be variable to permit deletion should the company cease to issue business under the application.
- Type of Insurance – Identify in the Statement of Variability all the policies or contracts that could appear on the application form and explain when they will appear or not appear (for example, “10 Year Term” will appear only if used in the direct response market).
- Plan information, including Plan marketing name.
- Amounts of Insurance – Identify all amounts or range of amounts.
- Guaranteed Periods.
- Rider or Other Features – Identify in the Statement of Variability all riders currently available that could appear on the application and explain when they will or will not

appear. Be advised that option riders should not be listed in the application until after they have been filed and approved by the Bureau.

- Payment Options/Methods – Include a description of any lawful payment method preferred by the policyholder.
- List of investment sub-accounts/funds.
- Special disclosure language – Explain when the language will or will not appear.
- State-specific disclosures – May be considered variable if the language pertains to states other than Virginia; Virginia-specific disclosure language cannot be denoted as variable.
- Medicare supplement plans except Plan A.

Table of Contents

In the Table of Contents section of the policy or certificate, only those provisions that are variable should be bracketed. Any provisions required by law shall not be variable. Any page numbers that may change shall also be bracketed.

Specification/Data Page/Schedule of Benefits Page

The entire page or entire sections of a page may not be variable. Only policy-specific information may be variable. Examples include the following:

- Hypothetical data – This includes John Doe and other information that varies by customer. The data should be bracketed and denoted as variable. The Statement of Variability should clearly indicate that this information varies with each customer.
- Guaranteed periods – The Statement of Variability must identify all guaranteed periods that could appear on the page.
- Variable loan interest rate – A range of values must be presented in the Statement of Variability.
- Death benefit options – The Statement of Variability must identify all death benefit options available and when they will or will not appear in the form.
- The payout option, if elected at time of application.

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/20/2022
Submitted Date	04/20/2022
Respond By Date	05/20/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Long-Term Care Insurance Policyholder Rate Increase Letter, (Form)

Comments: 1) Please remove the Comments bar from the Policyholder letter. Any variable items should be bracketed and described in detail in the Statement of Variability (SOV).

2) In accordance with Virginia Regulation 14VAC5-100-40 A1, Every form must have a number which may consist of letters, numbers, or a combination of both. Please add a form number to the bottom left corner of the form.

Objection 2

- Long-Term Care Insurance Premium Reduction Selection Form, 62508 (11-20) (Form)

Comments: As the Company address and phone numbers are separate items, and may not change at the same time, please use separate brackets for each item.

Objection 3

- Long-Term Care Insurance Policyholder Rate Increase Letter, (Form)

Comments: 1) The policyholder letter seems to be in a lower font size than required Virginia Regulation 14VAC5-101-70 E (10 Point). Please correct.

2) Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name and address of the company should appear in "prominent print" at the top of the policyholder letter. Prominent print could be all capital letters; bold; enlarged font; etc. Please correct the company name and address so it is more prominent than in the body of the letter.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Filing Company: Auto-Owners Life Insurance Company

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/14/2022
Submitted Date	02/14/2022
Respond By Date	03/16/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the exhibit titled Loss Ratio Projections Based on Original Assumptions With Actual Issued Policies based on an existing projection model utilizing the original assumptions, an estimate based on information in the original filing documents, or some other method?

Objection 2

- Simplified MN and TX Approach (Supporting Document)

Comments: 1) Please provide the underlying projections used to produce the values in Simplified TX Approach.xlsx and Simplified MN Approach.xlsx spreadsheets.

2) The percentage of 97.84% of remaining active policyholders used in the MN approach seems rather high for a block of business that is 8-18 years duration given the lapse rates listed. This percentage should be the remaining active policyholders as a percentage of the total policies issued. Please provide actual inforce policy count versus total number of policies issued.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the active life reserves as of the projection date.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

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Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/18/2022
Submitted Date	01/18/2022
Respond By Date	02/17/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Communications - Statement of Variability (Supporting Document)

Comments: The response to the previous objection stated that the Policyholder Rate Increase Letter, Form 62508, and Form 62510 have been moved to the Form Schedule. However, there is nothing showing in the Form Schedule. Please correct.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/15/2021
Submitted Date	12/15/2021
Respond By Date	01/14/2022

Dear Karen Leiby,

Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- Policyholder Communications (Supporting Document)

Comments: Please provide the SERFF tracking number showing when each of the following forms were submitted and approved. If they have not been approved, please move them to the Forms Schedule for review.

- a) 62508 (11-20).pdf
- b) Rate Increase Letter - 2-1-21v.pdf
- c) 62510 (11-20) - VA.pdf
- d) Long Term Care Potential Rate Increase Disclosure 62077.PDF

Objection 2

- Rate Pages, [50389 (12-02), 64271 (4-06), 50129 (10-01), 50391 (4-06), 50391 (10-05), 50391 (12-02)] (Rate)

Comments: Please complete the top section of the Rate/Rule Schedule to include information from the previous filing. If there have been no previous increases, include the initial filing data.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions utilized in the most recent asset adequacy testing. If not, please provide full details on any changes to the original assumptions and explain the reason for the change.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 19 of the Act Memo says there have been no previous rate increases on this block of business. Please explain why a rate revision was not filed sooner than the current filing when the companys annual reports indicate that rates were insufficient.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual-to-expected analysis of the original factors with those factors included in the current filing. Provide a step-by-step quantification of the impact of the change in each assumption.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide enough detail or documentation so that any projections can be recreated by providing a copy of all projections in Excel with working formulas.

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium rate had been charged since the forms introduction.

Objection 8

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both historical and projected) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.

Please state the lifetime loss ratio anticipated in the original filing.

Objection 9

- L&H Actuarial Memorandum (Supporting Document)

Comments: Were any margins for moderately adverse conditions included in the most recent approved rate filing? Provide an explanation if no margin for moderately adverse conditions were included.

Objection 10

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please outline the steps that the company has taken to minimize future rate increases on this block of business.

Objection 11

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the experience exhibits include information for paid-up policies. If not, please provide updated exhibits.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/16/2021
Submitted Date	11/16/2021
Respond By Date	11/30/2021

Dear Karen Leiby,

Introduction:

The Bureau has completed a preliminary review of this filing and have the following concerns and/or requests. A more detailed and thorough review will be performed once these concerns are addressed.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum has the word Missouri at the bottom of each page. Please verify if this is the correct Act.Memo. for Virginia. If not, please submit the correct Act Memo.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

A response to this request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED and CLOSED unless an extension is requested. An initial extension of up to 30-days will be granted upon request made before the Respond By Date.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed. Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please let me know if you need additional clarification.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Bobby Toone

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/13/2023
Submitted Date	03/13/2023

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated February 16, 2023.

Response 1

Comments:

Form 62556 (4-22) provides information about the policyholder's current policy in the chart titled "CURRENT POLICY INFORMATION." One of the items in this chart is the identification of the Long-Term Care Policy Item Number for their policy. This chart will identify whether the client has an Item 239 or Item 244 Long-Term Care Insurance Policy.

Related Objection 1

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)

Comments: Please provide a definition of the Long-Term Care Policy Item Numbers 239 and 244, as policyholders may not know which type they have.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf	Date Submitted: 03/13/2023 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Thank you for the information. We have chosen to keep the Rate Increase History in the document.

Related Objection 2

Applies To:

- Policyholder Communications - John Doe Format (Supporting Document)

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: The Rate Increase History is not a required part of the policyholder notification package. If the company chooses, the history may be removed from the package.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets for Filing.PDF	Date Submitted: 03/13/2023 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 12/27/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis

State:

Virginia

Filing Company:

Auto-Owners Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long-Term Care Product

Project Name/Number:

Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets for Filing.PDF	Date Submitted: 03/13/2023 By: Kristin Davis
	Premium Rate Increase							
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

If the premium is currently being waived because the policy is on claim, form 62556 (4-22) will identify this (please refer to the Statement of Variability for verbiage that will be used if the policy is currently on claim). Form 62556 (4-22) will inform the policyholder that the policy's premium is currently being waived and the rate increase will not impact the policy until benefits are no longer being received. The letter indicates that the client is to complete the Long-Term Care Insurance Premium Reduction Selection Form and indicates that no policy adjustments will occur until the policy returns to a premium paying status. Form 62556 (4-22) also indicates that if no premium adjustments have been requested when the policy returns to a premium paying status, the increased premium must be paid in order for the policy to continue in force unless a non-forfeiture option is available.

When the policy comes off of waiver, we send a letter notifying the policyowner of the premium amount and due date. If we never received a completed Long-Term Care Insurance Premium Reduction Selection Form, then we will send another set of rate increase notifications to the policyowner for review and completion if desired. We will send a second, reminder letter regarding the premium amount and due date 30 days after the initial letter. Premium for a policy returning to a premium-paying status is due 60 days from initial notice that the policy is no longer on waiver. The policyowner must pay the required premium (either the increased premium or a reduced premium based on the Long-Term Care Insurance Premium Reduction Selection Form) by the premium due date or the policy will lapse, unless a nonforfeiture option is available.

Related Objection 3

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)

Comments: If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase or at the time that they come off claim? How much time does a policyholder have once they come off claim to notify the company of their option selection?

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf	Date Submitted: 03/13/2023 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response 4

Comments:

There is no information regarding the rate increase on our website. Email addresses have been added to forms 62556 (4-22), 62560 (7-22) and 62510 (11-20). If clients choose, they may contact us via phone, email or mail using a pre-paid envelope enclosed with the policyholder communications.

Related Objection 4

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Long-Term Care Insurance Premium Reduction Selection Form, 62560 (7-22) (Form)
- Policyholder Communications - John Doe Format (Supporting Document)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: 1. We noted that the company is requesting the policyholder's email address on this form. Is there a company email address policyholders may access if needed? if so, please provide this in the notification package.

2. Is there a website policyholders can visit to get more information about the requested increase, or any policy information? If so, please include it in the letter.

3. In this day and time, why is there no way for a policyholder to submit any of these forms electronically?

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf	Date Submitted: 03/13/2023 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets for Filing.PDF	Date Submitted: 03/13/2023 By: Kristin Davis
Previous Version								
2	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
Previous Version								
2	Long-Term Care Insurance	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable	Date Submitted: 08/04/2022

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf	Date Submitted: 03/13/2023 By: Kristin Davis
	Premium Reduction Selection Form						Brackets.PDF	By: Kristin Davis
Previous Version								
2	Long-Term Care Insurance Premium Reduction Selection Form	62547 (10-21)	OTH	Initial			62547 (10-21).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
2	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
2	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
2	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets for Filing.PDF	Date Submitted: 03/13/2023 By: Kristin Davis
Previous Version								

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf	Date Submitted: 03/13/2023 By: Kristin Davis
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 12/27/2022 By: Kristin Davis
Previous Version								
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
Previous Version								
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf	Date Submitted: 03/13/2023 By: Kristin Davis
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Previous Version	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Previous Version	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Previous Version	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Previous Version	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Previous Version	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Previous Version	
Satisfied - Item:	Policyholder Communications
Comments:	Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf
Attachment(s):	62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	<i>Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf</i>
Attachment(s):	<i>62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf</i>

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Satisfied - Item:	Policyholder Communications - John Doe Format
Comments:	
Attachment(s):	62510 (11-20) - John Doe.PDF 62556 (4-22) - John Doe.pdf 62560 (7-22) - John Doe.PDF
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - John Doe Format</i>
Comments:	
Attachment(s):	<i>62556 (4-22) - John Doe.pdf 62560 (7-22) - John Doe.PDF 62510 (11-20) - John Doe.PDF</i>

Conclusion:

Please let us know if you have any further questions or require additional information. Thank you.

Sincerely,

Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/02/2023
Submitted Date	02/02/2023

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated January 31, 2023.

Response 1

Comments:

The Long-Term Care Policy Data page, form 50135 (1-02), was filed and approved on December 15, 2003. There is no SERFF tracking number, but the VA Submission Number was 007 0000019570. Form 50135 (1-02) has been attached to the Supporting Documentation tab for your reference.

Related Objection 1

Applies To:

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: The third paragraph of form 62510 refers to a Policy Data page refers to a Policy Data Page. Please attach this form to the filing. If the form has been previously approved, attach it to Supporting Documentation and include the SERFF Tracking number in which it was approved. If it is a new form, attach it to the Forms Schedule for review.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long-Term Care Insurance Policy Data Page
Comments:	The Policy Data page, form 50135 (1-02), was filed and approved on December 15, 2003.
Attachment(s):	50135 (1-02) - Policy Data Page.pdf

Conclusion:

Please let us know if you have any question or if further information is required. Thank you for your consideration.

Sincerely,

Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/27/2022
Submitted Date	12/27/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated December 8, 2022.

Response 1

Comments:

Form 62510 (11-20) has been revised to comply with the above request.

Related Objection 1

Applies To:

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: The description of the non-forfeiture benefit on page 2 (Item 6 bi) is not in compliance with Virginia Regulation 14VAC5-200-185 E 3, "The standard nonforfeiture credit will be equal to 100% of the sum of all premiums paid, including the premiums paid prior to any changes in benefits."

Please revise to comply with the regulation.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 12/27/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

State:

Virginia

Filing Company:

Auto-Owners Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long-Term Care Product

Project Name/Number:

Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 12/27/2022 By: Kristin Davis
	Premium Rate Increase							

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Form 62510 (11-20) has been revised to comply with the above request.

Related Objection 2

Applies To:

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Sections 5d and 6d on page 2 could be considered misleading as written. If a Non-forfeiture benefit is chosen, all benefits remain the same, except for any inflation protection and the maximum benefit. Please clarify.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 12/27/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Important Notice Regarding Long-Term Care Insurance	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 12/27/2022 By: Kristin Davis
	Premium Rate Increase							

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let us know if you have any questions or if further information is required. Thank you for your continued consideration.

Sincerely,
Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/07/2022
Submitted Date	11/07/2022

Dear Bobby Toone,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

The average age of current policyholders as of year-end 2021 is as follows:

Nationwide - At Issue: 59.4

Nationwide - Currently: 71.0

Virginia - At Issue: 58.0

Virginia - Currently: 71.4

These values have been added to section 14 of the memorandum.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the average age of current policyholders, both at issue and currently.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum v3 - signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA LTC2 Memorandum v2 - signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA LTC2 Memorandum - signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA LTC2 Memorandum - signed.pdf</i>

Conclusion:

Sincerely,
Karen Leiby

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/04/2022
Submitted Date	11/04/2022

Dear Bobby Toone,

Introduction:

The following is in response to the initial objection dated November 3, 2022.

Response 1

Comments:

The Statement of Variability for "Letter Date" has been updated to reflect the day the letter is scheduled to be mailed.

Related Objection 1

Applies To:

- Policyholder Communications - Statement of Variability (Supporting Document)

Comments: Please be more specific in the description of the "Letter Date". Is this the date the letter is prepared, or mailed? Please clarify.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications</i>
Comments:	<i>Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf</i>
Attachment(s):	<i>62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf</i>

Response 2

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Comments:

John Doe (non-variable) versions of forms 62556 (4-22), 62560 (7-22) and 62510 (11-20) have been added to the Supporting Documentation tab.

Related Objection 2

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Long-Term Care Insurance Premium Reduction Selection Form, 62560 (7-22) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: In compliance with 174VAC5-101-60 5, please submit to Supporting Documentation, a "John Doe" version of each of the above noted forms. The forms should be in the final form in which they are to be used, with no variability.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - John Doe Format
Comments:	
Attachment(s):	62556 (4-22) - John Doe.pdf 62560 (7-22) - John Doe.PDF 62510 (11-20) - John Doe.PDF

Conclusion:

Please let us know if you have any questions or would like additional information. Thank you for your continued consideration.

Sincerely,

Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/28/2022
Submitted Date	09/28/2022

Dear Bobby Toone,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have not had an NAIC or Compact rate review on these policy forms in the last 12 months. The Compact did review another block of our Long Term Care business, which was issued after this block. They recently sent an advisory letter regarding that block and we will be making a separate filing regarding that block.

Related Objection 1

Comments: Please specify if the company has had an NAIC or Compact rate review on these policy forms in the last 12 months. If so, please send us a copy of the review or provide SERFF access.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Ryan Hines

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/08/2022
Submitted Date	09/08/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated September 7, 2022.

Response 1

Comments:

The letter date [Date] is 80 days prior to the Premium Increase Effective Date.

Related Objection 1

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: Please specify the relationship between the letter date [Date] and the Premium Increase Effective Date, and it's compliance with Virginia Regulation 14VAC5-200-75 D; which requires that a policyholder has a minimum of 75 days, once they receive the notification, to make any necessary decisions.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

The Statement of Variability has been revised as requested.

Related Objection 2

Applies To:

- Policyholder Communications - Statement of Variability (Supporting Document)

Comments: The third item on the Policyowner Rate Increase Letter lists the Company Phone Number, which isn't shown until the second page of the letter. Virginia Regulation 14VAC5-101-80 D requires that variable items appear in the Statement of Variability (SOV) in the same order in which they appear in the form. Please specify if a phone number was meant to be included with the corporate name and address.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications</i>
Comments:	<i>Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf</i>
Attachment(s):	<i>62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf</i>

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response 3

Comments:

The forms have been revised to reflect separate brackets as requested.

Related Objection 3

Applies To:

- Long-Term Care Insurance Premium Reduction Selection Form, 62560 (7-22) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: For consistency with other forms, please use separate brackets around the company phone number and address.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62547 (10-21)	OTH	Initial			62547 (10-21).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Important Notice Regarding Long-Term Care	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis

State:

Virginia

Filing Company:

Auto-Owners Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long-Term Care Product

Project Name/Number:

Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets.PDF	Date Submitted: 09/08/2022 By: Kristin Davis
	Insurance Premium Rate Increase							
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

No Supporting Documents changed.

Conclusion:

Please let us know if you have any further questions. Thank you for your continued consideration.

Sincerely,
Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/04/2022
Submitted Date	08/04/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objections dated July 26, 2022.

Response 1

Comments:

The Policyowner has the option to reduce the 5% Compound Benefit Increase Rider to a 3% Compound Benefit Increase Rider. The Long-Term Care Insurance Premium Reduction Selection Form, form 62547 (10-21), has been replaced by form 62560 (7-22) which reflects this option. The Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, form 62510 (11-20), has also been revised to reflect this option.

Please note: The Certification of Compliance/Readability and Statement of Variability documents have also been updated to reflect the form revisions above.

Related Objection 1

Applies To:

- Long-Term Care Insurance Premium Reduction Selection Form, 62547 (10-21) (Form)

Comments: Under the section "Discontinue Compound Benefit Increase Rider", does the policyholder have the option to reduce the 5% Compound Benefit Increase Rider to the 3% Rider? If so, please include this in the form.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62547 (10-21)	OTH	Initial			62547 (10-21).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets.PDF	Date Submitted: 08/04/2022 By: Kristin Davis
	<i>Term Care Insurance Premium Rate Increase</i>							<i>By: Kristin Davis</i>
<i>Previous Version</i>								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
<i>Previous Version</i>								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
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State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	Certification of Compliance/Readability is attached.
Attachment(s):	Certification of Compliance-Readability.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	<i>Certification of Compliance/Readability is attached.</i>
Attachment(s):	<i>Certification of Compliance-Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>This is not a form filing.</i>
Attachment(s):	

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	Certification of Compliance/Readability is attached.
Attachment(s):	Certification of Compliance-Readability.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance/Readability</i>
Comments:	<i>Certification of Compliance/Readability is attached.</i>
Attachment(s):	<i>Certification of Compliance-Readability.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>This is not a form filing.</i>
Attachment(s):	

Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications - Statement of Variability</i>
Comments:	
Attachment(s):	<i>Statement of Variability - VA.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications</i>
Comments:	<i>Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf</i>
Attachment(s):	<i>62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf</i>

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response 2

Comments:

The Policyholder Notifications will be accompanied by a revised Policy Data Page reflecting the newly increased premium. If the policyholder opts to modify the policy in any way, they may complete and return the Long-Term Care Insurance Premium Reduction Selection Form indicating their desired policy adjustments. Auto-Owners will then send a confirmation letter of these policy adjustments along with a revised Policy Data Page reflecting the requested policy adjustments and revised premium.

Related Objection 2

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: Please explain how the policy will be updated when a revision is made. If an endorsement is used, please include a copy of the endorsement.

If the endorsement has been previously approved, attach it to Supporting Documentation, along with the SERFF tracking number in which it was originally approved.

If it has not been approved, attach it to the Form schedule for review.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let us know if you have any questions or if any further information is needed. We'd like to thank you for your continued consideration.

Sincerely,

Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/23/2022
Submitted Date	06/23/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated June 14, 2022.

Response 1

Comments:

Form 62510 (11-20) has been revised to include the Company name in prominent print. Form 62508 (11-20) has been replaced by form 62547 (10-21) which includes the Company name in prominent print.

Related Objection 1

Applies To:

- Long-Term Care Insurance Premium Reduction Selection Form, 62508 (11-20) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Regulation 14VAC5-101-60 2 requires that the full licensed name of the company shall appear in prominent print on all forms. please add this to the above noted forms.

Changed Items:

State:

Virginia

Filing Company:

Auto-Owners Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long-Term Care Product

Project Name/Number:

Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62547 (10-21)	OTH	Initial			62547 (10-21).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let us know if further information is required. Thank you for your consideration.

Sincerely,

Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/23/2022
Submitted Date	06/23/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated June 14, 2022.

Response 1

Comments:

Form 62556 (4-22) has been revised to include a statement about the possibility of future rate increases and the options available if such an event occurs.

Related Objection 1

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: In compliance with Virginia Regulations 14VAC5-200-75 A1 and A2, please include a statement that the policy may be subject to additional rate increases in the future, and the policyholders options in the event of future rate increases.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

Form 62510 (11-20) has been revised to include the bolded statement.

Related Objection 2

Applies To:

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: On page 2, the paragraph beginning with, "If you choose to decrease your premium by selecting one of the available options," the last sentence is a disclosure required by Virginia Regulation 14VAC5-200-75 D 2b. As such please bold the sentence so it will stand out from the surrounding text.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

There are no Partnership policies in this block of business.

Related Objection 3

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Please specify if there are any Partnership policies in this block of business. if there are, please add a disclosure to the forms that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. As this is a disclosure, it will need to be bolded as required in Virginia Regulation 14VAC5-200-75 D2c.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
	<i>Increase</i>							

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

Forms 62556 (4-22) and 62510 (11-20) have been revised to include a statement regarding policyholder rights to a revised rate schedule in the event of a future rate increase.

Related Objection 4

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: In compliance with 14VAC5-200-75 A 4b, include a statement that the policyholder has the right to a revised premium rate or rate schedule in the event of future rate revisions.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
	<i>Increase</i>							

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

A Certification of Compliance/Readability has been added to the Supporting Documentation tab. Per the Certification, we respectfully request an exception to the Readability requirements of 14 VAC 5-101-70.

Related Objection 5

Applies To:

- Certification of Compliance/Readability (Supporting Document)

Comments: 1. As this filing does have attached forms subject to review and approval, please complete the Certification of Compliance/Readability and attach it to Supporting Documentation.

2. In accordance with 14VAC5-101-70 A & F, each form must be written in simplified language, understandable to a person of average intelligence without special insurance knowledge or training.

Any policy form must achieve a minimum Flesch reading ease score of at least 50.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance/Readability
Comments:	Certification of Compliance/Readability is attached.
Attachment(s):	Certification of Compliance-Readability.pdf
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance/Readability</i>
Bypass Reason:	<i>This is not a form filing.</i>
Attachment(s):	

Response 6

Comments:

The form number has been added to both pages of form 62556 (4-22).

Related Objection 6

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: For consistency with the other forms, please add the form number to both pages of the policyholder letter.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

A policyholder who is on claim/waiver of premium will not immediately be affected by the rate increase. The included policyholder communication forms will still be mailed prior to what would be the rate increase effective date. However, the Policyholder Rate Increase Letter [form 62556 (4-22)] will contain the following variable paragraphs for clients on waiver (also included in the Statement of Variability).

Due to the increasing premium rates, we have outlined several options that are available to you at this time. These options may allow you to adjust your Long-Term Care Insurance policy to better suit your needs. Please take a moment to carefully review the information below and in the enclosed documents. As you review this information, please keep in mind that your Long-Term Care Insurance premium is currently being waived because benefits are being received under your policy. As a result, this rate increase will not impact you until benefits are no longer being received and your policy returns to a premium-paying status.

If you elect to choose one of the policy adjustment options available to you, please do so by [Premium Increase Effective Date]. Because your premiums are currently being waived, any policy adjustment will not occur until your policy returns to a premium-paying status. If you have not chosen one of the policy adjustment options when premiums become due, you must pay the increased premium in order for your policy to remain in force. If your policy lapses and you qualify for a non-forfeiture option, your policy will be converted to a paid-up status.

Prior to the policy returning to a premium-paying status, we would check to see if the client completed and returned form 62547 (10-21) requesting any premium reduction/policy changes. If so, the changes would be made to the policy and the client will receive notice of the revised premium that will be due upon the policy returning to a premium-paying status. If the client did not complete/return form 62547 (10-21), we will resend the policyholder communication forms to the client for review and completion.

Related Objection 7

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)
- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: Please provide a detailed explanation how the rate revision will affect a policyholder who is on claim or on Waiver of Premium.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 06/23/2022 By: Kristin Davis
	<i>Increase</i>							

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let us know if you have any questions or if further information is required. Thank you for your consideration.

Sincerely,
Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/11/2022
Submitted Date	05/11/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated May 4, 2022.

Response 1

Comments:

The second paragraph of form 62556 (4-22) has been revised to include the percentage amount.

Related Objection 1

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, 62556 (4-22) (Form)

Comments: In the second paragraph, please be certain to include the percentage amount.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

As requested, the "Virginia Bureau of Insurance" verbiage was replaced with "Virginia State Corporation Commission." There also appeared to be an error with the previous PDF making lower case L's and upper case I's to appear bold. The attached PDF should appear clearer.

Related Objection 2

Applies To:

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)

Comments: All the lower case L's and upper case I's seem to have been typed in bold print. If this can be corrected please do so, as it could be distracting.

Please replace all mentions of the Virginia Bureau of Insurance with the Virginia State Corporation Commission.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Comments:

As requested, the red brackets have been replaced by black [] brackets.

Related Objection 3

Applies To:

- Important Notice Regarding Long-Term Care Insurance Premium Rate Increase, 62510 (11-20) (Form)
- Long-Term Care Insurance Premium Reduction Selection Form, 62508 (11-20) (Form)

Comments: Please replace the red brackets with square [] brackets as required in the Variability Guidance document found below.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
Previous Version								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20).PDF	Date Submitted: 05/11/2022 By: Kristin Davis
Previous Version								
2	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let me know if any further information is required. Thank you for your continued consideration.

Sincerely,

Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/21/2022
Submitted Date	04/21/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated April 20, 2022.

Response 1

Comments:

The Long-Term Care Policyholder Rate Increase Letter has been revised and added to the Form Schedule tab. Form #62556 (4-22) has been added to the bottom left corner of the form. All comments have been removed and all variable items have been bracketed.

The bracketed/variable items are detailed in the revised Statement of Variability which has been added to the Supporting Documentation tab.

Related Objection 1

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, (Form)

Comments: 1) Please remove the Comments bar from the Policyholder letter. Any variable items should be bracketed and described in detail in the Statement of Variability (SOV).

2) In accordance with Virginia Regulation 14VAC5-100-40 A1, Every form must have a number which may consist of letters, numbers, or a combination of both. Please add a form number to the bottom left corner of the form.

Changed Items:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	Policyholder Communications
Comments:	Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf
Attachment(s):	62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf

Response 2

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Comments:

The Company address and phone number have been bracketed separately. The revised form has been added to the Forms Schedule tab.

Related Objection 2

Applies To:

- Long-Term Care Insurance Premium Reduction Selection Form, 62508 (11-20) (Form)

Comments: As the Company address and phone numbers are separate items, and may not change at the same time, please use separate brackets for each item.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

Form 62556 (4-22) is in 10-point font. The Company name and address at the top of the letter have been changed to bold font.

Related Objection 3

Applies To:

- Long-Term Care Insurance Policyholder Rate Increase Letter, (Form)

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Comments: 1) The policyholder letter seems to be in a lower font size than required Virginia Regulation 14VAC5-101-70 E (10 Point). Pleas correct.

2) Virginia Regulation 14VAC5-101-60 2 requires that the full licensed name and address of the company should appear in "prominent print" at the top of the policyholder letter. Prominent print could be all capital letters; bold; enlarged font; etc. Please correct the company name and address so it is more prominent that n the body of the letter.

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22).pdf	Date Submitted: 04/21/2022 By: Kristin Davis
<i>Previous Version</i>								
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please contact us if you have any questions or need further information. Thank you for your consideration.

Sincerely,
Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/16/2022
Submitted Date	03/16/2022

Dear Bobby Toone,

Introduction:

Thank you for your review of our filing.

Response 1

Comments:

We applied lapse, mortality, and morbidity information from the original memorandum to our issued policies to estimate projected premiums and claims, given the actual policies issued.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Is the exhibit titled Loss Ratio Projections Based on Original Assumptions With Actual Issued Policies based on an existing projection model utilizing the original assumptions, an estimate based on information in the original filing documents, or some other method?

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

1. Projections for 'Expected using Original Assumptions' can be found in 'Loss Ratio Exhibit - Expected using Original Assumptions.pdf'. Projections for 'Actual' can be found in 'Loss Ratio Exhibit - No NF Pols.pdf'. Our interpretation of this workbook was that it emphasized premium paying policies so those utilizing nonforfeiture were removed.

2. An updated Simplified MN Approach workbook has been provided. Our interpretation of 'Percentage of Policyholders Active and Premium-Paying' was that we should count the number of premium paying policies out of our currently active book (3479 policies, 47 on claim and 28 utilizing non-forfeiture $1-(47+28)/3479=0.9784$). We have updated this calculation to be out of our total number of issued policies $((3479-47-28)/4286=0.7942)$.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Related Objection 2

Applies To:

- Simplified MN and TX Approach (Supporting Document)

Comments: 1) Please provide the underlying projections used to produce the values in Simplified TX Approach.xlsx and Simplified MN Approach.xlsx spreadsheets.

2) The percentage of 97.84% of remaining active policyholders used in the MN approach seems rather high for a block of business that is 8-18 years duration given the lapse rates listed. This percentage should be the remaining active policyholders as a percentage of the total policies issued. Please provide actual inforce policy count versus total number of policies issued.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Simplified MN and TX Approach
Comments:	
Attachment(s):	Simplified TX Approach.xlsx Simplified MN Approach v2.xlsx Loss Ratio Exhibit - Expected using Original Assumptions.pdf Loss Ratio Exhibit - No NF Pols.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Simplified MN and TX Approach</i>
Comments:	
Attachment(s):	<i>Simplified MN Approach.xlsx Simplified TX Approach.xlsx</i>

Response 3

Comments:

Our active life reserves as of our projection date of year-end 2019 are \$39,535,488. This has been added to section 15 of the memorandum.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Comments: Please provide the active life reserves as of the projection date.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum v2 - signed.pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum - signed.pdf
Previous Version	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum - signed.pdf

Conclusion:

Sincerely,
Ryan Hines

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2022
Submitted Date	01/18/2022

Dear Bobby Toone,

Introduction:

The following is in response to the objection dated January 18, 2022.

Response 1

Comments:

My apologies. The PDFs have been uploaded via the "Add Schedule Item(s)" button below.

Related Objection 1

Applies To:

- Policyholder Communications - Statement of Variability (Supporting Document)

Comments: The response to the previous objection stated that the Policyholder Rate Increase Letter, Form 62508, and Form 62510 have been moved to the Form Schedule. However, there is nothing showing in the Form Schedule. Please correct.

Changed Items:

State: Virginia Filing Company: Auto-Owners Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
 Product Name: Long-Term Care Product
 Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Insurance Policyholder Rate Increase Letter		OTH	Initial			Rate Increase Letter - 2-1-21v.pdf	Date Submitted: 01/18/2022 By: Kristin Davis
2	Long-Term Care Insurance Premium Reduction Selection Form	62508 (11-20)	OTH	Initial			62508 (11-20).pdf	Date Submitted: 01/18/2022 By: Kristin Davis
3	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - VA.pdf	Date Submitted: 01/18/2022 By: Kristin Davis

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Please let me know if you need any further information. Thank you.

Sincerely,

Kristin Davis

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/12/2022
Submitted Date	01/14/2022

Dear Bobby Toone,

Introduction:

Thank you for your continued review.

Response 1

Comments:

Forms 62508 and 62510, as well as the Rate Increase Letter, have been moved to the Form Schedule tab. Form 62077 is associated with a different LTC product and was inadvertently included with this filing. We have removed it. We apologize for the inconvenience.

Related Objection 1

Applies To:

- Policyholder Communications (Supporting Document)

Comments: Please provide the SERFF tracking number showing when each of the following forms were submitted and approved. If they have not been approved, please move them to the Forms Schedule for review.

a) 62508 (11-20).pdf

b) Rate Increase Letter - 2-1-21v.pdf

c) 62510 (11-20) - VA.pdf

d) Long Term Care Potential Rate Increase Disclosure 62077.PDF

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Policyholder Communications</i>
Comments:	<i>Premium Reduction Selection Form: 62508 (11-20).pdf Rate Increase Notice: 62509 (11-20).pdf Rate Increase Letter: Rate Increase Letter - 12-29-20v.pdf Statement of Variability: Statement of Variability.pdf</i>
Attachment(s):	<i>62508 (11-20).pdf Rate Increase Letter - 2-1-21v.pdf Statement of Variability - VA.pdf Long Term Care Potential Rate Increase Disclosure 62077.PDF 62510 (11-20) - VA.pdf</i>

Response 2

Comments:

Please see our post-submission update. The initial filing was #0070000019570, approved 4/1/04. In the post-submission update, we supplied this filing number in the SERFF filing number field, although this filing was not submitted through SERFF.

Related Objection 2

Applies To:

- Rate Pages, [50389 (12-02), 64271 (4-06), 50129 (10-01), 50391 (4-06), 50391 (10-05), 50391 (12-02)] (Rate)

Comments: Please complete the top section of the Rate/Rule Schedule to include information from the previous filing. If there have been no previous increases, include the initial filing data.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
<hr/>					
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Our pricing morbidity assumptions were based largely on industry experience. However, our company experience, so far, has been better than the industry. For this reason, we used less conservative incidence and utilization assumptions for reserve adequacy analysis for 2020.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the actuarial assumptions associated with the rate increase request are consistent with the assumptions utilized in the most recent asset adequacy testing. If not, please provide full details on any changes to the original assumptions and explain the reason for the change.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 4

Comments:

Because our Actual to Expected ratio was below one and because we didn't consider our experience to be credible, our previous consultant did not carefully review our LTC assumptions. Upon review in 2020, we found that our lapses and active life mortality were much lower than originally assumed, increasing potential for future claims.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Section 19 of the Act Memo says there have been no previous rate increases on this block of business. Please explain why a rate revision was not filed sooner than the current filing when the companys annual reports indicate that rates were insufficient.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 5

Comments:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Please see the attached Assumption Ratio Exhibit for a comparison of original and current assumptions. Please see the attached Assumption Attribution of Indicated change for the impact of each assumption.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an actual-to-expected analysis of the original factors with those factors included in the current filing. Provide a step-by-step quantification of the impact of the change in each assumption.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Additional Information
Comments:	
Attachment(s):	Assumption Ratio Exhibit.pdf Assumption Attribution of Indicated Change.pdf Loss Ratio Exhibit - Objection 7.pdf Anticipated Loss Ratio.pdf

Response 6

Comments:

Our projections were generated on a seriatim basis using an Axis dataset, so they cannot be easily recreated in Excel. Would our Axis output be helpful?

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide enough detail or documentation so that any projections can be recreated by providing a copy of all projections in Excel with working formulas.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

No Supporting Documents changed.

Response 7

Comments:

Please see the attached Loss Ration Exhibit - Objection 7.

Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium rate had been charged since the forms introduction.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Additional Information
Comments:	
Attachment(s):	Assumption Ratio Exhibit.pdf Assumption Attribution of Indicated Change.pdf Loss Ratio Exhibit - Objection 7.pdf Anticipated Loss Ratio.pdf

Response 8

Comments:

Please see the attached Anticipated Loss Ratio exhibit.

Related Objection 8

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both historical and projected) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies issued rather than the originally assumed mix of business.

Please state the lifetime loss ratio anticipated in the original filing.

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Additional Information
Comments:	
Attachment(s):	Assumption Ratio Exhibit.pdf Assumption Attribution of Indicated Change.pdf Loss Ratio Exhibit - Objection 7.pdf Anticipated Loss Ratio.pdf

Response 9

Comments:

The original actuarial memorandum from 2004 mentions a 2.5% margin on reserves, but is silent about whether pricing included a margin for adversity. Our claims experience so far has been better than originally expected, implying that morbidity assumptions included some margin for adversity.

Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Were any margins for moderately adverse conditions included in the most recent approved rate filing? Provide an explanation if no margin for moderately adverse conditions were included.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 10

Comments:

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Assuming the 30% increase is approved, we do not plan to request another increase within the next couple of years. Our experience is not very credible, so our projections are largely based on industry experience. Since our experience has been better than the industry so far, we limited this increase to 30%, but future increases may be necessary if our experience worsens over time. We would not take future increases lightly. Long Term Care is a small portion of our book of business, and since we are no longer issuing it, it will get smaller. Any rate changes are a large and time-consuming undertaking for us, considering the size of the block. This product was also marketed through our independent agents, who still sell our other products, including Home and Auto insurance. We value stability and consistency for our insureds, and stability and consistency is necessary to maintain good relationships with our agents.

Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please outline the steps that the company has taken to minimize future rate increases on this block of business.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 11

Comments:

We do not offer limited pay LTC policies and the only paid-up policies are those utilizing their nonforfeiture option. At the time of our analysis, there were only 26 policies utilizing this benefit nationwide. Since these few policies were not likely to impact the analysis in a material way, paid-up policies were included in the exhibits and treated as though they are not yet utilizing their nonforfeiture benefit.

Related Objection 11

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the experience exhibits include information for paid-up policies. If not, please provide updated exhibits.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Please let us know if any further information is needed.

*Sincerely,
Ryan Hines*

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/17/2021
Submitted Date	11/17/2021

Dear Bobby Toone,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

This is the correct memorandum for Virginia. We have corrected the footer to say "Virginia" instead of "Missouri". We apologize for the confusion.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Actuarial Memorandum has the word Missouri at the bottom of each page. Pleas verify if this is the correct Act.Memo. for Virginia. If not, please submit the correct Act Memo.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum - signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum - signed.pdf

Conclusion:

Please let us know if anything else is needed.

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Sincerely,
Karen Leiby

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Reviewer Note

Created By:

Bobby Toone on 05/04/2022 10:34 AM

Last Edited By:

Bobby Toone

Submitted On:

03/21/2023 04:48 PM

Subject:

Actuary Opinion and Final Report

Comments:

Rec'd report - 5/4/2022

Recommends Approval

JOHN T. CONDO, FSA, MAAA, PHD
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU
SHAWN D. PARKS, FSA, MAAA



NAZNEE RIAS, FSA, MAAA, CERA
NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

May 4, 2022
(Amended December 12, 2022)

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #AOIC-132726214**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Auto-Owners Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated compliance with the laws and regulations. I therefore recommend that the Bureau approve the rate increase as requested.

Other Extra-Regulatory Considerations

In addition to the regulatory analysis referenced above, I have reviewed a series of extra-regulatory tests that the Bureau considers for LTC rate filings. The maximum rate increase allowed under each of those tests is shown in the chart below:

Inflation	None
Compliant Increase under 14VAC5-200	full
Future LR w/ALR	full
Additional Tests	
PV Future Loss	full
Prospective PV	180%
If-Knew/Makeup	125%
State Equity	25%



History and Details of Request

This is the first rate increase requested on these policy forms, which were issued from 2004 to 2014. As of 9/30/2021, there were 34 policies in Virginia and 3,363 nationwide. The Company is requesting an increase of 30% for all insureds. They state that an increase of 238% would be justified under rate-stability regulations, but since their credibility is limited and the future assumptions are based largely on industry experience, they are requesting a smaller amount at this time.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

Assumptions

Assumptions are best estimate and do not include any margins.

Assumptions

Morbidity

The morbidity assumptions were derived by Oliver Wyman using both industry and proprietary data sources. Original morbidity was based on the SOA LTC Intercompany Study for 1984-1993.

Lapse

The voluntary lapse assumptions were derived by Oliver Wyman using both industry and proprietary data sources. The ultimate lapse rate at durations 8+ is 0.84% to 1.13% varying by inflation and benefit period; versus 3% to 4% for original assumptions.

Mortality

The mortality assumption is based on the 2012 IAM with adjustment factors for selection, attained age, and marital status; originally based on the 1983 GAM.

Interest

The original pricing interest rate was 6.5%. The valuation rate ranged from 4.5% to 3.5% during the issue period and 4.0% is being used for discounting the projections.

Projections

The loss ratio projections as of 12/31/2019 are summarized below. Due to the relatively small size of this block, I have evaluated the block as a whole. In order to determine the appropriate



standard, it was necessary to determine the original loss ratio. The Company reports that the loss ratio using original assumptions and valuation interest is 70.5%. This is the standard I have used in the analysis below.

Benefit Period	Inflation	Original LR	No increase		w/ increase		14VAC5 Test
			Fut/ALR	Lifetime	Fut/ALR	Lifetime	
Total	Total	70.5%	202%	126%	163%	114%	PASS

PV of Future Loss Test

Period	Inflation	Original	Current	Proposed	Limit
Total	Total	(17.3M)	(102.7M)	(87.6M))	n/a

For this analysis, I compared the present value of expected future loss under three scenarios: 1) original assumptions; 2) current assumptions and current premiums; and 3) current assumptions and proposed premiums. The results show that the expected loss with the requested increase is greater than that expected under original assumptions so no restriction would be required.

Prospective PV Approach

The allowable rate increase is 180% for this method.

If-Knew/Makeup Blend Approach

The allowable rate increase is 125% for this method.

State Rate Equity

The statistics related to rate actions in all states are presented in the table below.

NW Range	NW Avg	NW Prop	VA Curr	VA Prop
0%-30%	15%	25%	0%	30%

Addendum (2022-12-12)

At the request of the Bureau, I have used the information provided by the company to calculate the maximum increase that could be supported for this block as 194%. Note that this differs from the 238% stated by the Company in their memorandum because they did not use the 70.5% original loss ratio in their calculation as would be required for an increase of this magnitude by 14VAC5-200-153 G.2.

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the



filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

Shawn D. Parks, FSA, MAAA

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Reviewer Note

Created By:

Bobby Toone on 01/19/2022 03:50 PM

Last Edited By:

Bobby Toone

Submitted On:

03/21/2023 04:46 PM

Subject:

RRS

Comments:

RRS1

RRS2

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: Auto-Owners Life Insurance Company

SERFF Tracking Number: AOIC-132726214

Revised Rates

Average Annual Premium Per Member: 3147

Average Requested Percentage Rate Change Per Member: 30%

Range of Requested Rate Changes: 30%

Number of Virginia Policyholders Affected: 34

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
50389 (12-02)	Base Policy		None	None
61271 (4-06)	Inflation Protection Rider – Annual 3% Compounded		None	None
50129 (10-01)	Inflation Protection Rider – Annual 5% Compounded		None	None
50391 (12-02)	Non-forfeiture Benefit – Shortened Benefit Period Rider		None	None
50391 (10-05)	Non-forfeiture Benefit – Shortened Benefit Period Rider		None	None
50391 (4-06)	Non-forfeiture Benefit – Shortened Benefit Period Rider		None	None

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

(Rev. 06/19)

Lower than anticipated lapses and interest rates are the main drivers of this rate increase. Lapses are much lower than we had anticipated with the original rate filing, meaning that more policyholders reach advanced age at which claims are more likely. In addition, lower interest rates have increased the present value of future claims, worsening our projected lifetime experience.

Part 2 - Long Term Care Insurance Rate Request Summary

Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission

Company Name and NAIC Number: Auto- Owners Life Insurance Co. – NAIC # 61190

SERFF Tracking Number: AOIC-132726214

Disposition: Approved & Filed

Approval Date: 03/21/2023

Current Average Annual Premium Per Member: \$3,147

Rate Changes:

Average Percentage Rate Change Per Member: 30%

Minimum Requested Percentage Rate Change Per Member: 30%

Maximum Requested Percentage Rate Change Per Member: 30%

Number of Virginia Policy Holders Affected: 34

Summary of the Bureau's review of the rate request:

The Company requested, and the Bureau approved a rate increase of 30% for this block of individual long-term care insurance policy forms.

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the anticipated lifetime loss ratio after the increase will be 114.0%, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they will continue to monitor the experience of this block and may request additional increases if future experience continues to deteriorate.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all

policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care Product
Project Name/Number: Rate Increase Filing/LTC-VA-02-03/01/2022-01

Post Submission Update Request Processed On 01/18/2022

Status: Allowed
Created By: Karen Leiby
Processed By: Bobby Toone
Comments:

Rate Information:

Field Name	Requested Change	Prior Value
Overall Pct. of Last Revision	0.000%	
Effective Date of Last revision	07/23/2004	
Filing Method of Last Filing	Prior Approval	
SERFF Tracking Number of Last Filing	0070000019570	

Company Rate Information:

Company Name:Auto-Owners Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	238.000%	234.000%

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 03/21/2023	Long-Term Care Insurance Policyholder Rate Increase Letter	62556 (4-22)	OTH	Initial			62556 (4-22) - Variable Brackets for Filing.pdf
2	Filed 03/21/2023	Long-Term Care Insurance Premium Reduction Selection Form	62560 (7-22)	OTH	Initial			62560 (7-22) - Variable Brackets for Filing.PDF
3	Filed 03/21/2023	Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	62510 (11-20)	OTH	Initial			62510 (11-20) - Variable Brackets for Filing.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

AUTO-OWNERS LIFE INSURANCE
[P.O. BOX 30325
LANSING, MI 48909-7825]



[Date]

[Policyowner Name]
[123 Street Address]
[456 Street Address]
[City], [State] [Zip]

RE: Long-Term Care Insurance Policy [xxx-xxxxxx-x] [Insured Name]
Increased Annual Policy Premium: \$[x,xxx.xx]
Premium Increase Effective Date: [Next Policy Anniversary Date]

IMPORTANT INFORMATION

Thank you for choosing Auto-Owners Life Insurance Company for your Long-Term Care Insurance needs. We value your business and strive to provide you with quality products and service. After careful review of the factors that impact our products, we find it necessary to make the difficult decision to increase rates on our Long-Term Care Insurance policies. This letter and the enclosed documents provide information regarding the Long-Term Care Insurance premium rate increase and how it will impact your policy.

Your Long-Term Care Insurance policy premium will be increasing to \$[Increased Annual Policy Premium] per year, which is an increase of [30%]. This premium increase will be effective on [Premium Increase Effective Date]. Please be aware that we are raising rates for all Long-Term Care Insurance policies similar to yours. We will never raise premiums based on your individual circumstances, such as age, health or claims history.

[Due to the increasing premium rates, we have outlined several options that are available to you at this time. These options may allow you to adjust your Long-Term Care Insurance policy to better suit your needs. Please take a moment to carefully review the information below and in the enclosed documents.]

CURRENT POLICY INFORMATION (Prior to Premium Increase)

Annual Premium:	\$[x,xxx.xx]	Daily Benefit Amount[*]:	[\$xxx.xx]
Compound Benefit Increase Rider:	[3%; 5%; N/A]	Benefit Period:	[2, 4, 6, 10] years
Elimination Period:	[30, 60, 90] days	Long-Term Care Policy Item Number:	[239; 244]
Non-Forfeiture Benefit Available:	[Yes; No]	Contingent Non-Forfeiture Benefit Available:	[Yes; No]

[*If your policy has an active Compound Benefit Increase Rider, the Daily Benefit Amount may be greater than listed.]

ENCLOSED DOCUMENTS

1. Important Notice Regarding Long-Term Care Insurance Premium Rate Increase
 - a. This document provides information regarding the Long-Term Care Insurance premium rate increase and various premium reduction options that may be available to you.
2. Long-Term Care Insurance Premium Reduction Selection Form
 - a. This document may be used to modify your Long-Term Care Insurance policy, subject to policy limits, in an effort to reduce your premium payment.
 - b. If you choose to adjust your policy, please complete this form prior to [Premium Increase Effective Date] and return it to Auto-Owners Life Insurance Company using the enclosed envelope.
3. Revised Policy Data Page
 - a. The enclosed Policy Data page reflects the increased premium of your Long-Term Care Insurance policy.
 - b. Please place the revised Policy Data page with your Long-Term Care Insurance policy.

[If your Long-Term Care Insurance policy premium is currently being paid with 1035 exchange funds from your Auto-Owners Deferred or Single Premium Immediate Annuity, your current annuity distribution will not be enough to cover the increased premium. In order to keep your Long-Term Care Insurance policy in force, you must pay any remaining premium that the annuity payment does not cover. You may be able to adjust your Long-Term Care Insurance policy or, for Deferred Annuities only, you may be able to adjust your annuity distribution to equal the increased premium. For questions regarding the annuity that funds your Long-Term Care Insurance policy, you may contact one of our Annuity Services representatives at [1-800-346-0346 ext. 51861] ([P.O. Box 30325, Lansing, MI 48909]; [annuities@aoins.com]).]

[If you elect to choose one of the policy adjustment options available to you, please do so by [Premium Increase Effective Date]. If you do not choose one of the options, you must pay the increased premium in order for your policy to remain in force. If your policy lapses and you qualify for a non-forfeiture option, your policy will be converted to a paid-up status.]

Please be aware that the premium rate for your policy may be increased in the future. In the event of a future premium rate increase, you will be notified of the new premium amount prior to the increase. You will have the right to a revised premium rate schedule and will be offered premium reduction options similar to those listed above.

For questions about this letter or any of the enclosed documents, you may contact your Auto-Owners agent or one of our Policyholder Services representatives at [1-800-346-0346 ext. 51860] ([P.O. Box 30325, Lansing, MI 48909]; [lifeph@aoins.com]). Thank you for being an Auto-Owners policyholder.

enc: Important Notice Regarding Long-Term Care Insurance Premium Rate Increase
Long-Term Care Insurance Premium Reduction Selection Form
Data Page
Envelope

cc: [Agency Code] [Agency Name]

Long-Term Care Insurance Premium Reduction Selection Form

Insured's Name: _____ Policy Number: _____

Policyowner's Name: _____ Policyowner's Email: _____

Policyowner's Telephone Number: _____ Best Time to Call: _____

Long-Term Care Insurance policies are structured to meet individual needs. Please refer to the accompanying letter for your current policy information. Depending on your individual policy, you may be able to reduce your Long-Term Care Insurance policy premium by adjusting one or more of your policy elements. If available, you may also be able to elect a Non-Forfeiture option. Your Auto-Owners agent will be happy to assist with any questions you may have.

If you choose to adjust your policy or elect a Non-Forfeiture option, please complete this form and return it in the enclosed envelope. Unless you choose otherwise, any policy adjustment or Non-Forfeiture option you choose, and we approve, will be effective on the Premium Increase Effective Date mentioned in the accompanying letter. For policies currently receiving long-term care benefits, any policy adjustment you choose, and we approve, will become effective when your policy returns to a premium-paying status. A notice confirming your premium reduction selection will be mailed separately.

If applicable, please select: A) One or more options from Section 1; **OR** B) One option from Section 2.

SECTION 1

Decrease Daily Benefit Amount

☐ Decrease my Daily Benefit Amount to \$ _____
Must be in \$10 increments; \$50 minimum

Decrease Benefit Period

- ☐ 2 Years
☐ 4 Years
☐ 6 Years

Increase Elimination Period

- ☐ 60 Days
☐ 90 Days

Discontinue or Reduce Compound Benefit Increase Rider

- ☐ Reduce the 5% Compound Benefit Increase Rider to a 3% Compound Benefit Increase Rider
☐ Discontinue the 3% Compound Benefit Increase Rider
☐ Discontinue the 5% Compound Benefit Increase Rider

SECTION 2

Elect Non-Forfeiture Option (If a Non-Forfeiture option is chosen and both options are available, your policy will default to the Contingent Non-Forfeiture Benefit.)

- ☐ I Choose to exercise the Contingent Non-Forfeiture Benefit, if available
☐ I Choose to exercise the Non-Forfeiture Benefit Rider, if available

If you have any questions regarding your policy or any of the options above, you may contact your Auto-Owners agent or one of our Policyholder Services representatives at [1-800-346-0346 ext. 51860] (P.O. Box 30325, Lansing, MI 48909; [lifephs@aoins.com]).

Policyowner's Signature

Date (MM/DD/YYYY)

IMPORTANT NOTICE REGARDING LONG-TERM CARE INSURANCE PREMIUM RATE INCREASE



Like many other companies, Auto-Owners Life Insurance Company has found it necessary to increase the rates on your Long-Term Care Insurance policy. When we first began selling Long-Term Care Insurance, we based the premium rates on certain assumptions. Unfortunately, because of several reasons, these assumptions have not endured. The costs of long-term care services have continued to increase and people are living longer due to medical advances and increases in technology. Due to these changes, more Long-Term Care Insurance claims are being paid than initially anticipated.

The following chart displays premium rate increases for our Long-Term Care Insurance products. The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://www.scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Product Item Number	Product Form Numbers	Issue Years	Year Increase Requested	Year Increase Implemented	Percentage of Approved Increase
239	50134 (10-01); 50145 (7-02); 50336 (7-02); 50344 (7-02); 50353 (8-02); 50359 (8-02); 50366 (9-02); 50367 (9-02); 50382 (10-02); 50389 (12-02); 50413 (3-04); 50426 (7-04)	2002 - 2016	2020	2021	[0-30% (Single Premium Increase)]
244	ICC13 62091 (12-12); 62168 (10-13); 62169 (10-13); 62170 (10-13); 62171 (10-13)	2014 - 2021	2020	2021	[0-15% (Single Premium Increase)]

The increase to your Long-Term Care Insurance premium will be effective on your policy anniversary. The revised premium is shown in the accompanying letter and is also listed on the enclosed Policy Data page. Please place this revised Policy Data page with your Long-Term Care Insurance policy.

Your Long-Term Care Insurance policy is guaranteed renewable. Your policy will remain in force during your lifetime as long as premiums are paid on time. You may continue your policy by paying the newly increased premium, or you may be able to adjust your policy in order to reduce premium payments. If you would like to decrease the premium on your Long-Term Care Insurance policy by reducing benefits, you may choose one or more of the following options.

1. Decrease the Daily Benefit Amount on your Long-Term Care Insurance policy (subject to policy minimums)
 - a. Your Daily Benefit Amount may be reduced to a minimum amount of \$50.00 per day.
 - b. Daily Benefit Amounts must be in \$10.00 increments.
2. Discontinue or reduce the Compound Benefit Increase Rider (if applicable and currently active)
 - a. If you currently have an active 5% Compound Benefit Increase Rider, it may be reduced to a 3% Compound Benefit Increase Rider.
 - i. You will retain your accrued Daily Benefit Amount; however, compounding will continue at 3% rather than 5%.
 - b. If you currently have an active 3% or 5% Compound Benefit Increase Rider, it may be removed from the policy.
 - i. You will retain your accrued Daily Benefit Amount; however, no further compounding will occur.
3. Decrease the Benefit Period on your Long-Term Care Insurance policy (subject to policy minimums)
 - a. For Item 239 policies: Benefit Periods may be reduced to 2, 4 or 6 years.
 - b. For Item 244 policies: Benefit Periods may be reduced to 2, 4 or 6 years.

4. Increase the Elimination Period on your Long-Term Care Insurance policy (subject to policy maximums)
 - a. For Item 239 policies: Elimination Periods may be increased to 60 or 90 days.
 - b. For Item 244 policies: Elimination Periods may be increased to 60 or 90 days.
5. Exercise the Contingent Non-Forfeiture Benefit (if applicable)
 - a. Eligibility for the Contingent Non-Forfeiture Benefit is based on the Long-Term Care Insurance premium rate increase percentage and your age at time of policy issue.
 - i. Please refer to your Long-Term Care Insurance policy for full eligibility requirements.
 - b. This is available if your Long-Term Care Insurance policy rate increase exceeds the specified percentage, based on issue age, and your policy lapses within 120 days of the due date of the increased premium.
 - c. If exercised, the non-forfeiture benefit will be equal to 100% of all premiums paid for your policy.
 - i. In no event will the non-forfeiture benefit be less than 30 times the Daily Benefit Amount and shall not exceed the Maximum Lifetime Benefit which would have been payable if the policy had remained in a premium-paying status.
 - d. If a non-forfeiture benefit is chosen, your benefits will remain the same with the exception of the following:
 - i. Your Maximum Lifetime Benefit will be reduced; and
 - ii. No further compounding will occur under a Compound Benefit Increase Rider, if applicable.
6. Exercise the Non-Forfeiture Benefit Rider (if applicable)
 - a. You are eligible for this option if you have purchased the Non-Forfeiture Benefit Rider, it is currently in force, and it has been in force for at least three (3) years.
 - b. If exercised, the non-forfeiture benefit will be equal to 100% of all premiums paid for your policy.
 - i. In no event will the non-forfeiture benefit be less than 30 times the Daily Benefit Amount and shall not exceed the Maximum Lifetime Benefit which would have been payable if the policy had remained in a premium-paying status.
 - c. If a non-forfeiture benefit is chosen, your benefits will remain the same with the exception of the following:
 - i. Your Maximum Lifetime Benefit will be reduced; and
 - ii. No further compounding will occur under a Compound Benefit Increase Rider, if applicable.

In addition to the options above, you may also adjust the frequency of your premium payments to better suit your needs. Premium payments may be made in monthly, quarterly, semi-annual or annual modes.

The premium reduction options that are available to you are unique and are based on your specific policy. For further details, please refer to your individual policy and the Current Policy Information shown in the accompanying letter. Your Auto-Owners agent will be happy to assist with any questions you may have.

If you choose to decrease your premium by selecting one of the available options, please complete the Long-Term Care Insurance Premium Reduction Selection Form and return it in the enclosed envelope. **Please note: available options may not be of equal value and benefits may be limited.**

If you do not choose one of the options above, you must pay the increased premium in order for your policy to remain in force. If your Long-Term Care Insurance policy premium remains unpaid when due, your policy will lapse unless you qualify for a non-forfeiture option.

Please be aware that the premium rate for your policy may be increased in the future. In the event of a future premium rate increase, you will be notified of the new premium amount prior to the increase. You will have the right to a revised premium rate schedule and will also be offered premium reduction options similar to those listed above.

If you have any questions, you may contact your Auto-Owners agent or one of our Policyholder Services representatives at [1-800-346-0346 ext. 51860] (P.O. Box 30325, Lansing, MI 48909; [lifephs@aioins.com]).

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	07/23/2004
Filing Method of Last Filing:	Prior Approval
SERFF Tracking Number of Last Filing:	0070000019570

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Auto-Owners Life Insurance Company	238.000%	30.000%	\$21,249	34	\$70,831	30.000%	30.000%

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Pages	50389 (12-02), 64271 (4-06), 50129 (10-01), 50391 (4-06), 50391 (10-05), 50391 (12-02)	Revised	Previous State Filing Number: Percent Rate Change Request: 30	LTC2 Rate Pages.pdf,

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	66.40	88.80	101.20	108.40
41	67.77	90.73	103.49	111.15
42	69.23	92.81	105.95	114.11
43	70.79	95.03	108.57	117.27
44	72.45	97.39	111.35	120.63
45	74.20	99.90	114.30	124.20
46	76.03	102.53	117.38	127.94
47	77.93	105.28	120.60	131.84
48	79.95	108.18	123.99	135.96
49	82.09	111.28	127.61	140.36
50	84.40	114.60	131.50	145.10
51	86.88	118.16	135.67	150.20
52	89.50	121.93	140.09	155.62
53	92.27	125.90	144.75	161.33
54	95.17	130.06	149.62	167.27
55	98.20	134.40	154.70	173.40
56	101.25	138.76	159.80	179.54
57	104.34	143.16	164.95	185.72
58	107.60	147.82	170.39	192.21
59	111.21	152.96	176.39	199.28
60	115.30	158.80	183.20	207.20
61	119.82	165.28	190.75	215.80
62	124.66	172.25	198.87	224.89
63	129.93	179.80	207.67	234.74
64	135.71	188.05	217.24	245.62
65	142.10	197.10	227.70	257.80
66	148.73	206.45	238.48	270.87
67	155.53	216.02	249.52	284.66
68	163.06	226.58	261.65	299.77
69	171.90	238.85	275.70	316.81
70	182.60	253.60	292.50	336.40
71	195.19	271.00	312.40	359.03
72	209.31	290.57	334.83	384.28
73	224.89	312.01	359.29	411.43
74	241.91	335.04	385.26	439.72
75	260.30	359.40	412.20	468.40
76	279.61	384.46	439.49	496.82
77	299.87	410.41	467.46	525.48
78	321.77	438.17	497.08	555.36
79	346.01	468.66	529.31	587.44
80	373.30	502.80	565.10	622.70

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	86.32	115.44	131.56	140.92
41	88.10	117.95	134.54	144.50
42	90.00	120.65	137.74	148.34
43	92.03	123.54	141.14	152.45
44	94.19	126.61	144.76	156.82
45	96.46	129.87	148.59	161.46
46	98.84	133.29	152.59	166.32
47	101.31	136.86	156.78	171.39
48	103.94	140.63	161.19	176.75
49	106.72	144.66	165.89	182.47
50	109.72	148.98	170.95	188.63
51	112.94	153.61	176.37	195.26
52	116.35	158.51	182.12	202.31
53	119.95	163.67	188.18	209.73
54	123.72	169.08	194.51	217.45
55	127.66	174.72	201.11	225.42
56	131.63	180.39	207.74	233.40
57	135.64	186.11	214.44	241.44
58	139.88	192.17	221.51	249.87
59	144.57	198.85	229.31	259.06
60	149.89	206.44	238.16	269.36
61	155.77	214.86	247.98	280.54
62	162.06	223.93	258.53	292.36
63	168.91	233.74	269.97	305.16
64	176.42	244.47	282.41	319.31
65	184.73	256.23	296.01	335.14
66	193.35	268.39	310.02	352.13
67	202.19	280.83	324.38	370.06
68	211.98	294.55	340.15	389.70
69	223.47	310.51	358.41	411.85
70	237.38	329.68	380.25	437.32
71	253.75	352.30	406.12	466.74
72	272.10	377.74	435.28	499.56
73	292.36	405.61	467.08	534.86
74	314.48	435.55	500.84	571.64
75	338.39	467.22	535.86	608.92
76	363.49	499.80	571.34	645.87
77	389.83	533.53	607.70	683.12
78	418.30	569.62	646.20	721.97
79	449.81	609.26	688.10	763.67
80	485.29	653.64	734.63	809.51

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	38.50	48.70	54.30	60.70
41	39.60	50.25	56.10	62.82
42	40.78	51.93	58.06	65.12
43	42.06	53.75	60.18	67.60
44	43.44	55.71	62.46	70.26
45	44.90	57.80	64.90	73.10
46	46.43	60.00	67.47	76.08
47	48.04	62.32	70.17	79.20
48	49.74	64.78	73.05	82.52
49	51.59	67.43	76.14	86.10
50	53.60	70.30	79.50	90.00
51	55.78	73.39	83.10	94.21
52	58.10	76.66	86.92	98.69
53	60.57	80.14	90.98	103.46
54	63.20	83.85	95.30	108.52
55	66.00	87.80	99.90	113.90
56	68.88	91.89	104.67	119.46
57	71.85	96.11	109.58	125.20
58	75.02	100.62	114.82	131.30
59	78.50	105.56	120.57	137.97
60	82.40	111.10	127.00	145.40
61	86.64	117.14	134.01	153.48
62	91.16	123.58	141.48	162.09
63	96.06	130.55	149.57	171.38
64	101.46	138.21	158.42	181.49
65	107.50	146.70	168.20	192.60
66	113.80	155.54	178.38	204.14
67	120.30	164.65	188.86	216.00
68	127.52	174.72	200.43	229.03
69	136.00	186.47	213.85	244.05
70	146.30	200.60	229.90	261.90
71	158.42	217.28	248.89	283.08
72	172.01	236.03	270.29	307.04
73	187.04	256.61	293.66	333.02
74	203.47	278.78	318.54	360.26
75	221.30	302.30	344.50	388.00
76	240.04	326.56	370.91	415.64
77	259.73	351.74	398.09	443.68
78	281.05	378.72	426.93	473.03
79	304.70	408.40	458.37	504.60
80	331.40	441.70	493.30	539.30

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	50.05	63.31	70.59	78.91
41	51.48	65.33	72.93	81.67
42	53.01	67.51	75.48	84.66
43	54.68	69.88	78.23	87.88
44	56.47	72.42	81.20	91.34
45	58.37	75.14	84.37	95.03
46	60.36	78.00	87.71	98.90
47	62.45	81.02	91.22	102.96
48	64.66	84.21	94.97	107.28
49	67.07	87.66	98.98	111.93
50	69.68	91.39	103.35	117.00
51	72.51	95.41	108.03	122.47
52	75.53	99.66	113.00	128.30
53	78.74	104.18	118.27	134.50
54	82.16	109.01	123.89	141.08
55	85.80	114.14	129.87	148.07
56	89.54	119.46	136.07	155.30
57	93.41	124.94	142.45	162.76
58	97.53	130.81	149.27	170.69
59	102.05	137.23	156.74	179.36
60	107.12	144.43	165.10	189.02
61	112.63	152.28	174.21	199.52
62	118.51	160.65	183.92	210.72
63	124.88	169.72	194.44	222.79
64	131.90	179.67	205.95	235.94
65	139.75	190.71	218.66	250.38
66	147.94	202.20	231.89	265.38
67	156.39	214.05	245.52	280.80
68	165.78	227.14	260.56	297.74
69	176.80	242.41	278.01	317.27
70	190.19	260.78	298.87	340.47
71	205.95	282.46	323.56	368.00
72	223.61	306.84	351.38	399.15
73	243.15	333.59	381.76	432.93
74	264.51	362.41	414.10	468.34
75	287.69	392.99	447.85	504.40
76	312.05	424.53	482.18	540.33
77	337.65	457.26	517.52	576.78
78	365.37	492.34	555.01	614.94
79	396.11	530.92	595.88	655.98
80	430.82	574.21	641.29	701.09

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	24.10	28.20	30.40	32.80
41	24.77	29.15	31.49	34.06
42	25.51	30.21	32.71	35.46
43	26.33	31.37	34.05	37.00
44	27.23	32.63	35.51	38.68
45	28.20	34.00	37.10	40.50
46	29.23	35.44	38.78	42.42
47	30.30	36.95	40.55	44.44
48	31.47	38.58	42.46	46.62
49	32.76	40.38	44.56	49.02
50	34.20	42.40	46.90	51.70
51	35.77	44.60	49.43	54.61
52	37.45	46.94	52.11	57.72
53	39.28	49.48	55.02	61.09
54	41.28	52.28	58.23	64.79
55	43.50	55.40	61.80	68.90
56	45.90	58.78	65.69	73.35
57	48.45	62.38	69.84	78.09
58	51.21	66.29	74.34	83.22
59	54.24	70.57	79.26	88.82
60	57.60	75.30	84.70	95.00
61	61.18	80.35	90.51	101.60
62	64.95	85.68	96.63	108.56
63	69.06	91.46	103.28	116.10
64	73.66	97.91	110.66	124.44
65	78.90	105.20	119.00	133.80
66	84.45	112.92	127.82	143.69
67	90.22	120.93	137.00	153.97
68	96.69	129.87	147.21	165.36
69	104.35	140.38	159.15	178.60
70	113.70	153.10	173.50	194.40
71	124.72	168.14	190.50	213.16
72	137.08	185.07	209.68	234.38
73	150.81	203.73	230.71	257.50
74	165.91	223.93	253.23	281.93
75	182.40	245.50	276.90	307.10
76	199.80	267.84	301.10	332.39
77	218.11	291.05	326.06	358.18
78	238.03	316.06	352.71	385.40
79	260.29	343.77	381.98	414.97
80	285.60	375.10	414.80	447.80

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	31.33	36.66	39.52	42.64
41	32.20	37.90	40.94	44.28
42	33.16	39.27	42.52	46.10
43	34.23	40.78	44.27	48.10
44	35.40	42.42	46.16	50.28
45	36.66	44.20	48.23	52.65
46	38.00	46.07	50.41	55.15
47	39.39	48.04	52.72	57.77
48	40.91	50.15	55.20	60.61
49	42.59	52.49	57.93	63.73
50	44.46	55.12	60.97	67.21
51	46.50	57.98	64.26	70.99
52	48.69	61.02	67.74	75.04
53	51.06	64.32	71.53	79.42
54	53.66	67.96	75.70	84.23
55	56.55	72.02	80.34	89.57
56	59.67	76.41	85.40	95.36
57	62.99	81.09	90.79	101.52
58	66.57	86.18	96.64	108.19
59	70.51	91.74	103.04	115.47
60	74.88	97.89	110.11	123.50
61	79.53	104.46	117.66	132.08
62	84.44	111.38	125.62	141.13
63	89.78	118.90	134.26	150.93
64	95.76	127.28	143.86	161.77
65	102.57	136.76	154.70	173.94
66	109.79	146.80	166.17	186.80
67	117.29	157.21	178.10	200.16
68	125.70	168.83	191.37	214.97
69	135.66	182.49	206.90	232.18
70	147.81	199.03	225.55	252.72
71	162.14	218.58	247.65	277.11
72	178.20	240.59	272.58	304.69
73	196.05	264.85	299.92	334.75
74	215.68	291.11	329.20	366.51
75	237.12	319.15	359.97	399.23
76	259.74	348.19	391.43	432.11
77	283.54	378.37	423.88	465.63
78	309.44	410.88	458.52	501.02
79	338.38	446.90	496.57	539.46
80	371.28	487.63	539.24	582.14

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	63.20	85.10	96.90	102.90
41	64.49	86.94	99.06	105.43
42	65.87	88.92	101.36	108.15
43	67.33	91.02	103.82	111.07
44	68.87	93.24	106.44	114.19
45	70.50	95.60	109.20	117.50
46	72.19	98.06	112.09	120.98
47	73.96	100.62	115.10	124.63
48	75.81	103.33	118.28	128.49
49	77.78	106.21	121.67	132.60
50	79.90	109.30	125.30	137.00
51	82.17	112.61	129.19	141.72
52	84.56	116.12	133.31	146.72
53	87.08	119.80	137.65	151.98
54	89.73	123.67	142.18	157.45
55	92.50	127.70	146.90	163.10
56	95.30	131.76	151.64	168.77
57	98.12	135.86	156.41	174.49
58	101.12	140.20	161.46	180.50
59	104.43	144.98	167.01	187.02
60	108.20	150.40	173.30	194.30
61	112.37	156.40	180.27	202.17
62	116.85	162.86	187.78	210.46
63	121.72	169.85	195.89	219.44
64	127.04	177.47	204.70	229.37
65	132.90	185.80	214.30	240.50
66	138.96	194.41	224.19	252.51
67	145.16	203.23	234.32	265.22
68	152.02	212.92	245.43	279.14
69	160.03	224.16	258.24	294.73
70	169.70	237.60	273.50	312.50
71	181.06	253.43	291.52	332.84
72	193.77	271.21	311.80	355.44
73	207.79	290.65	333.89	379.68
74	223.05	311.48	357.31	404.96
75	239.50	333.40	381.60	430.70
76	256.79	355.94	406.23	456.30
77	274.96	379.29	431.51	482.17
78	294.52	404.17	458.24	509.18
79	316.03	431.30	487.20	538.19
80	340.00	461.40	519.20	570.10

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	82.16	110.63	125.97	133.77
41	83.84	113.02	128.78	137.06
42	85.63	115.60	131.77	140.60
43	87.53	118.33	134.97	144.39
44	89.53	121.21	138.37	148.45
45	91.65	124.28	141.96	152.75
46	93.85	127.48	145.72	157.27
47	96.15	130.81	149.63	162.02
48	98.55	134.33	153.76	167.04
49	101.11	138.07	158.17	172.38
50	103.87	142.09	162.89	178.10
51	106.82	146.39	167.95	184.24
52	109.93	150.96	173.30	190.74
53	113.20	155.74	178.95	197.57
54	116.65	160.77	184.83	204.69
55	120.25	166.01	190.97	212.03
56	123.89	171.29	197.13	219.40
57	127.56	176.62	203.33	226.84
58	131.46	182.26	209.90	234.65
59	135.76	188.47	217.11	243.13
60	140.66	195.52	225.29	252.59
61	146.08	203.32	234.35	262.82
62	151.91	211.72	244.11	273.60
63	158.24	220.81	254.66	285.27
64	165.15	230.71	266.11	298.18
65	172.77	241.54	278.59	312.65
66	180.65	252.73	291.45	328.26
67	188.71	264.20	304.62	344.79
68	197.63	276.80	319.06	362.88
69	208.04	291.41	335.71	383.15
70	220.61	308.88	355.55	406.25
71	235.38	329.46	378.98	432.69
72	251.90	352.57	405.34	462.07
73	270.13	377.85	434.06	493.58
74	289.97	404.92	464.50	526.45
75	311.35	433.42	496.08	559.91
76	333.83	462.72	528.10	593.19
77	357.45	493.08	560.96	626.82
78	382.88	525.42	595.71	661.93
79	410.84	560.69	633.36	699.65
80	442.00	599.82	674.96	741.13

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	36.60	46.50	51.80	57.70
41	37.61	47.95	53.49	59.69
42	38.71	49.53	55.33	61.85
43	39.89	51.23	57.31	64.17
44	41.15	53.05	59.43	66.65
45	42.50	55.00	61.70	69.30
46	43.91	57.05	64.08	72.08
47	45.39	59.20	66.58	74.98
48	46.96	61.48	69.23	78.07
49	48.66	63.94	72.09	81.39
50	50.50	66.60	75.20	85.00
51	52.49	69.46	78.55	88.89
52	54.60	72.49	82.12	93.02
53	56.86	75.71	85.90	97.40
54	59.25	79.14	89.93	102.06
55	61.80	82.80	94.20	107.00
56	64.44	86.60	98.61	112.11
57	67.15	90.51	103.16	117.39
58	70.05	94.69	108.00	123.00
59	73.24	99.28	113.29	129.11
60	76.80	104.40	119.20	135.90
61	80.68	109.98	125.63	143.27
62	84.80	115.93	132.48	151.12
63	89.28	122.36	139.89	159.56
64	94.21	129.41	147.98	168.75
65	99.70	137.20	156.90	178.80
66	105.44	145.31	166.19	189.23
67	111.36	153.65	175.75	199.94
68	117.93	162.87	186.28	211.68
69	125.62	173.57	198.46	225.19
70	134.90	186.40	213.00	241.20
71	145.80	201.52	230.16	260.15
72	158.01	218.50	249.48	281.54
73	171.49	237.10	270.55	304.73
74	186.20	257.08	292.96	329.06
75	202.10	278.20	316.30	353.90
76	218.84	299.98	340.07	378.70
77	236.45	322.59	364.53	403.90
78	255.46	346.73	390.45	430.29
79	276.40	373.10	418.59	458.69
80	299.80	402.40	449.70	489.90

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	47.58	60.45	67.34	75.01
41	48.89	62.34	69.54	77.60
42	50.32	64.39	71.93	80.41
43	51.86	66.60	74.50	83.42
44	53.50	68.97	77.26	86.65
45	55.25	71.50	80.21	90.09
46	57.08	74.17	83.30	93.70
47	59.01	76.96	86.55	97.47
48	61.05	79.92	90.00	101.49
49	63.26	83.12	93.72	105.81
50	65.65	86.58	97.76	110.50
51	68.24	90.30	102.12	115.56
52	70.98	94.24	106.76	120.93
53	73.92	98.42	111.67	126.62
54	77.03	102.88	116.91	132.68
55	80.34	107.64	122.46	139.10
56	83.77	112.58	128.19	145.74
57	87.30	117.66	134.11	152.61
58	91.07	123.10	140.40	159.90
59	95.21	129.06	147.28	167.84
60	99.84	135.72	154.96	176.67
61	104.88	142.97	163.32	186.25
62	110.24	150.71	172.22	196.46
63	116.06	159.07	181.86	207.43
64	122.47	168.23	192.37	219.38
65	129.61	178.36	203.97	232.44
66	137.07	188.90	216.05	246.00
67	144.77	199.75	228.48	259.92
68	153.31	211.73	242.16	275.18
69	163.31	225.64	258.00	292.75
70	175.37	242.32	276.90	313.56
71	189.54	261.98	299.21	338.20
72	205.41	284.05	324.32	366.00
73	222.94	308.23	351.72	396.15
74	242.06	334.20	380.85	427.78
75	262.73	361.66	411.19	460.07
76	284.49	389.97	442.09	492.31
77	307.39	419.37	473.89	525.07
78	332.10	450.75	507.59	559.38
79	359.32	485.03	544.17	596.30
80	389.74	523.12	584.61	636.87

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	23.10	27.10	29.10	31.30
41	23.70	27.97	30.08	32.46
42	24.38	28.93	31.18	33.76
43	25.12	29.99	32.40	35.18
44	25.92	31.15	33.74	36.72
45	26.80	32.40	35.20	38.40
46	27.72	33.72	36.76	40.17
47	28.69	35.11	38.41	42.03
48	29.74	36.60	40.19	44.04
49	30.90	38.25	42.14	46.24
50	32.20	40.10	44.30	48.70
51	33.62	42.11	46.62	51.36
52	35.14	44.26	49.07	54.20
53	36.79	46.59	51.72	57.28
54	38.60	49.16	54.64	60.66
55	40.60	52.00	57.90	64.40
56	42.76	55.08	61.45	68.46
57	45.05	58.35	65.24	72.80
58	47.54	61.90	69.35	77.48
59	50.27	65.79	73.84	82.59
60	53.30	70.10	78.80	88.20
61	56.55	74.71	84.09	94.17
62	59.97	79.58	89.67	100.47
63	63.71	84.87	95.73	107.27
64	67.87	90.76	102.44	114.79
65	72.60	97.40	110.00	123.20
66	77.60	104.43	118.00	132.09
67	82.78	111.75	126.31	141.34
68	88.59	119.89	135.55	151.56
69	95.45	129.43	146.31	163.41
70	103.80	140.90	159.20	177.50
71	113.64	154.44	174.43	194.17
72	124.69	169.66	191.60	213.00
73	136.94	186.40	210.38	233.48
74	150.38	204.48	230.49	255.15
75	165.00	223.70	251.60	277.50
76	180.43	243.59	273.21	300.00
77	196.69	264.28	295.51	322.98
78	214.31	286.48	319.29	347.24
79	233.87	310.91	345.29	373.58
80	255.90	338.30	374.30	402.80

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	30.03	35.23	37.83	40.69
41	30.81	36.36	39.10	42.20
42	31.69	37.61	40.53	43.89
43	32.66	38.99	42.12	45.73
44	33.70	40.50	43.86	47.74
45	34.84	42.12	45.76	49.92
46	36.04	43.84	47.79	52.22
47	37.30	45.64	49.93	54.64
48	38.66	47.58	52.25	57.25
49	40.17	49.73	54.78	60.11
50	41.86	52.13	57.59	63.31
51	43.71	54.74	60.61	66.77
52	45.68	57.54	63.79	70.46
53	47.83	60.57	67.24	74.46
54	50.18	63.91	71.03	78.86
55	52.78	67.60	75.27	83.72
56	55.59	71.60	79.89	89.00
57	58.57	75.86	84.81	94.64
58	61.80	80.47	90.16	100.72
59	65.35	85.53	95.99	107.37
60	69.29	91.13	102.44	114.66
61	73.52	97.12	109.32	122.42
62	77.96	103.45	116.57	130.61
63	82.82	110.33	124.45	139.45
64	88.23	117.99	133.17	149.23
65	94.38	126.62	143.00	160.16
66	100.88	135.76	153.40	171.72
67	107.61	145.28	164.20	183.74
68	115.17	155.86	176.22	197.03
69	124.09	168.26	190.20	212.43
70	134.94	183.17	206.96	230.75
71	147.73	200.77	226.76	252.42
72	162.10	220.56	249.08	276.90
73	178.02	242.32	273.49	303.52
74	195.49	265.82	299.64	331.70
75	214.50	290.81	327.08	360.75
76	234.56	316.67	355.17	390.00
77	255.70	343.56	384.16	419.87
78	278.60	372.42	415.08	451.41
79	304.03	404.18	448.88	485.65
80	332.67	439.79	486.59	523.64

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	60.10	80.60	91.80	97.80
41	61.30	82.32	93.81	100.16
42	62.58	84.16	95.97	102.72
43	63.94	86.12	98.27	105.46
44	65.38	88.20	100.71	108.38
45	66.90	90.40	103.30	111.50
46	68.48	92.70	106.01	114.78
47	70.13	95.09	108.84	118.23
48	71.86	97.62	111.82	121.88
49	73.71	100.31	115.00	125.76
50	75.70	103.20	118.40	129.90
51	77.84	106.29	122.04	134.32
52	80.10	109.57	125.90	139.00
53	82.49	113.02	129.95	143.91
54	84.99	116.63	134.19	149.02
55	87.60	120.40	138.60	154.30
56	90.23	124.19	143.03	159.59
57	92.88	128.02	147.50	164.92
58	95.68	132.07	152.22	170.51
59	98.78	136.53	157.42	176.60
60	102.30	141.60	163.30	183.40
61	106.20	147.22	169.82	190.78
62	110.39	153.25	176.83	198.57
63	114.94	159.79	184.41	207.01
64	119.92	166.92	192.64	216.31
65	125.40	174.70	201.60	226.70
66	131.07	182.74	210.84	237.87
67	136.87	190.98	220.29	249.66
68	143.29	200.03	230.65	262.56
69	150.77	210.50	242.60	277.01
70	159.80	223.00	256.80	293.50
71	170.40	237.71	273.56	312.41
72	182.28	254.24	292.43	333.43
73	195.36	272.29	312.96	355.98
74	209.58	291.60	334.69	379.46
75	224.90	311.90	357.20	403.30
76	241.00	332.77	380.01	426.98
77	257.92	354.39	403.42	450.88
78	276.13	377.39	428.13	475.79
79	296.07	402.39	454.82	502.47
80	318.20	430.00	484.20	531.70

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	78.13	104.78	119.34	127.14
41	79.69	107.02	121.95	130.21
42	81.35	109.41	124.76	133.54
43	83.12	111.96	127.75	137.10
44	84.99	114.66	130.92	140.89
45	86.97	117.52	134.29	144.95
46	89.02	120.51	137.81	149.21
47	91.17	123.62	141.49	153.70
48	93.42	126.91	145.37	158.44
49	95.82	130.40	149.50	163.49
50	98.41	134.16	153.92	168.87
51	101.19	138.18	158.65	174.62
52	104.13	142.44	163.67	180.70
53	107.24	146.93	168.94	187.08
54	110.49	151.62	174.45	193.73
55	113.88	156.52	180.18	200.59
56	117.30	161.45	185.94	207.47
57	120.74	166.43	191.75	214.40
58	124.38	171.69	197.89	221.66
59	128.41	177.49	204.65	229.58
60	132.99	184.08	212.29	238.42
61	138.06	191.39	220.77	248.01
62	143.51	199.23	229.88	258.14
63	149.42	207.73	239.73	269.11
64	155.90	217.00	250.43	281.20
65	163.02	227.11	262.08	294.71
66	170.39	237.56	274.09	309.23
67	177.93	248.27	286.38	324.56
68	186.28	260.04	299.85	341.33
69	196.00	273.65	315.38	360.11
70	207.74	289.90	333.84	381.55
71	221.52	309.02	355.63	406.13
72	236.96	330.51	380.16	433.46
73	253.97	353.98	406.85	462.77
74	272.45	379.08	435.10	493.30
75	292.37	405.47	464.36	524.29
76	313.30	432.60	494.01	555.07
77	335.30	460.71	524.45	586.14
78	358.97	490.61	556.57	618.53
79	384.89	523.11	591.27	653.21
80	413.66	559.00	629.46	691.21

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	35.10	44.30	49.30	54.90
41	36.05	45.65	50.90	56.75
42	37.07	47.11	52.62	58.75
43	38.17	48.69	54.48	60.91
44	39.35	50.39	56.48	63.23
45	40.60	52.20	58.60	65.70
46	41.91	54.10	60.83	68.30
47	43.27	56.10	63.16	71.02
48	44.72	58.22	65.63	73.91
49	46.28	60.51	68.30	77.02
50	48.00	63.00	71.20	80.40
51	49.86	65.68	74.32	84.04
52	51.85	68.53	77.64	87.91
53	53.96	71.56	81.17	92.02
54	56.21	74.78	84.92	96.38
55	58.60	78.20	88.90	101.00
56	61.06	81.72	93.01	105.78
57	63.60	85.35	97.24	110.71
58	66.30	89.21	101.75	115.95
59	69.27	93.44	106.68	121.66
60	72.60	98.20	112.20	128.00
61	76.22	103.40	118.22	134.89
62	80.08	108.94	124.64	142.23
63	84.26	114.95	131.59	150.14
64	88.87	121.53	139.17	158.72
65	94.00	128.80	147.50	168.10
66	99.35	136.37	156.16	177.83
67	104.87	144.18	165.07	187.82
68	110.99	152.78	174.87	198.76
69	118.15	162.77	186.20	211.32
70	126.80	174.70	199.70	226.20
71	136.96	188.74	215.63	243.80
72	148.35	204.51	233.57	263.66
73	160.91	221.76	253.12	285.18
74	174.60	240.27	273.90	307.73
75	189.40	259.80	295.50	330.70
76	204.99	279.95	317.50	353.63
77	221.41	300.87	340.16	376.93
78	239.09	323.17	364.13	401.29
79	258.51	347.45	390.06	427.41
80	280.10	374.30	418.60	456.00

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	45.63	57.59	64.09	71.37
41	46.87	59.35	66.17	73.78
42	48.19	61.24	68.41	76.38
43	49.62	63.30	70.82	79.18
44	51.16	65.51	73.42	82.20
45	52.78	67.86	76.18	85.41
46	54.48	70.33	79.08	88.79
47	56.25	72.93	82.11	92.33
48	58.14	75.69	85.32	96.08
49	60.16	78.66	88.79	100.13
50	62.40	81.90	92.56	104.52
51	64.82	85.38	96.62	109.25
52	67.41	89.09	100.93	114.28
53	70.15	93.03	105.52	119.63
54	73.07	97.21	110.40	125.29
55	76.18	101.66	115.57	131.30
56	79.38	106.24	120.91	137.51
57	82.68	110.96	126.41	143.92
58	86.19	115.97	132.28	150.74
59	90.05	121.47	138.68	158.16
60	94.38	127.66	145.86	166.40
61	99.09	134.42	153.69	175.36
62	104.10	141.62	162.03	184.90
63	109.54	149.44	171.07	195.18
64	115.53	157.99	180.92	206.34
65	122.20	167.44	191.75	218.53
66	129.16	177.28	203.01	231.18
67	136.33	187.43	214.59	244.17
68	144.29	198.61	227.33	258.39
69	153.60	211.60	242.06	274.72
70	164.84	227.11	259.61	294.06
71	178.05	245.36	280.32	316.94
72	192.86	265.86	303.64	342.76
73	209.18	288.29	329.06	370.73
74	226.98	312.35	356.07	400.05
75	246.22	337.74	384.15	429.91
76	266.49	363.94	412.75	459.72
77	287.83	391.13	442.21	490.01
78	310.82	420.12	473.37	521.68
79	336.06	451.69	507.08	555.63
80	364.13	486.59	544.18	592.80

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 0% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	22.40	26.10	28.10	30.20
41	22.98	26.93	29.03	31.25
42	23.62	27.85	30.07	32.43
43	24.32	28.85	31.21	33.73
44	25.08	29.93	32.45	35.15
45	25.90	31.10	33.80	36.70
46	26.76	32.32	35.22	38.34
47	27.66	33.60	36.72	40.08
48	28.63	34.98	38.34	41.95
49	29.70	36.50	40.12	44.01
50	30.90	38.20	42.10	46.30
51	32.20	40.06	44.25	48.78
52	33.58	42.04	46.54	51.42
53	35.09	44.20	49.03	54.28
54	36.75	46.57	51.76	57.42
55	38.60	49.20	54.80	60.90
56	40.62	52.05	58.10	64.67
57	42.77	55.09	61.62	68.70
58	45.11	58.38	65.43	73.04
59	47.67	62.00	69.60	77.79
60	50.50	66.00	74.20	83.00
61	53.52	70.29	79.12	88.56
62	56.69	74.83	84.31	94.43
63	60.15	79.75	89.94	100.77
64	64.01	85.23	96.18	107.77
65	68.40	91.40	103.20	115.60
66	73.06	97.93	110.64	123.87
67	77.90	104.70	118.37	132.46
68	83.33	112.25	126.96	141.95
69	89.73	121.08	136.95	152.94
70	97.50	131.70	148.90	166.00
71	106.65	144.24	163.00	181.44
72	116.92	158.34	178.88	198.88
73	128.30	173.84	196.25	217.85
74	140.76	190.56	214.82	237.88
75	154.30	208.30	234.30	258.50
76	168.59	226.66	254.24	279.25
77	183.64	245.77	274.84	300.43
78	199.93	266.23	296.76	322.75
79	217.96	288.66	320.66	346.91
80	238.20	313.70	347.20	373.60

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	29.12	33.93	36.53	39.26
41	29.87	35.01	37.74	40.63
42	30.71	36.21	39.09	42.16
43	31.62	37.51	40.57	43.85
44	32.60	38.91	42.19	45.70
45	33.67	40.43	43.94	47.71
46	34.79	42.02	45.79	49.84
47	35.96	43.68	47.74	52.10
48	37.22	45.47	49.84	54.54
49	38.61	47.45	52.16	57.21
50	40.17	49.66	54.73	60.19
51	41.86	52.08	57.53	63.41
52	43.65	54.65	60.50	66.85
53	45.62	57.46	63.74	70.56
54	47.78	60.54	67.29	74.65
55	50.18	63.96	71.24	79.17
56	52.81	67.67	75.53	84.07
57	55.60	71.62	80.11	89.31
58	58.64	75.89	85.06	94.95
59	61.97	80.60	90.48	101.13
60	65.65	85.80	96.46	107.90
61	69.58	91.38	102.86	115.13
62	73.70	97.28	109.60	122.76
63	78.20	103.68	116.92	131.00
64	83.21	110.80	125.03	140.10
65	88.92	118.82	134.16	150.28
66	94.98	127.31	143.83	161.03
67	101.27	136.11	153.88	172.20
68	108.33	145.93	165.05	184.54
69	116.65	157.40	178.04	198.82
70	126.75	171.21	193.57	215.80
71	138.65	187.51	211.90	235.87
72	152.00	205.84	232.54	258.54
73	166.79	225.99	255.13	283.21
74	182.99	247.73	279.27	309.24
75	200.59	270.79	304.59	336.05
76	219.17	294.66	330.51	363.03
77	238.73	319.50	357.29	390.56
78	259.91	346.10	385.79	419.58
79	283.35	375.26	416.86	450.98
80	309.66	407.81	451.36	485.68

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	78.60	95.90	104.30	114.10
41	80.41	98.20	106.88	116.99
42	82.35	100.68	109.66	120.09
43	84.41	103.32	112.62	123.41
44	86.59	106.12	115.76	126.95
45	88.90	109.10	119.10	130.70
46	91.31	112.22	122.59	134.63
47	93.83	115.48	126.24	138.74
48	96.47	118.92	130.10	143.08
49	99.29	122.58	134.20	147.71
50	102.30	126.50	138.60	152.70
51	105.54	130.71	143.32	158.07
52	108.98	135.18	148.33	163.78
53	112.59	139.87	153.60	169.79
54	116.31	144.72	159.07	176.04
55	120.10	149.70	164.70	182.50
56	123.86	154.65	170.33	188.97
57	127.62	159.61	175.99	195.47
58	131.53	164.79	181.92	202.31
59	135.74	170.41	188.38	209.75
60	140.40	176.70	195.60	218.10
61	145.37	183.48	203.42	227.18
62	150.54	190.60	211.66	236.81
63	156.14	198.33	220.60	247.22
64	162.39	206.91	230.49	258.67
65	169.50	216.60	241.60	271.40
66	177.01	226.80	253.27	284.70
67	184.76	237.35	265.34	298.41
68	193.47	249.13	278.77	313.58
69	203.85	263.05	294.56	331.29
70	216.60	280.00	313.70	352.60
71	231.85	300.21	336.57	378.12
72	249.13	323.10	362.50	407.14
73	268.26	348.30	390.94	438.74
74	289.04	375.45	421.29	472.00
75	311.30	404.20	453.00	506.00
76	334.26	433.59	485.08	539.78
77	358.03	463.85	517.92	573.96
78	383.80	496.43	552.98	609.97
79	412.73	532.77	591.72	649.24
80	446.00	574.30	635.60	693.20

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	102.18	124.67	135.59	148.33
41	104.53	127.66	138.94	152.09
42	107.06	130.88	142.56	156.12
43	109.73	134.32	146.41	160.43
44	112.57	137.96	150.49	165.04
45	115.57	141.83	154.83	169.91
46	118.70	145.89	159.37	175.02
47	121.98	150.12	164.11	180.36
48	125.41	154.60	169.13	186.00
49	129.08	159.35	174.46	192.02
50	132.99	164.45	180.18	198.51
51	137.20	169.92	186.32	205.49
52	141.67	175.73	192.83	212.91
53	146.37	181.83	199.68	220.73
54	151.20	188.14	206.79	228.85
55	156.13	194.61	214.11	237.25
56	161.02	201.05	221.43	245.66
57	165.91	207.49	228.79	254.11
58	170.99	214.23	236.50	263.00
59	176.46	221.53	244.89	272.68
60	182.52	229.71	254.28	283.53
61	188.98	238.52	264.45	295.33
62	195.70	247.78	275.16	307.85
63	202.98	257.83	286.78	321.39
64	211.11	268.98	299.64	336.27
65	220.35	281.58	314.08	352.82
66	230.11	294.84	329.25	370.11
67	240.19	308.56	344.94	387.93
68	251.51	323.87	362.40	407.65
69	265.01	341.97	382.93	430.68
70	281.58	364.00	407.81	458.38
71	301.41	390.27	437.54	491.56
72	323.87	420.03	471.25	529.28
73	348.74	452.79	508.22	570.36
74	375.75	488.09	547.68	613.60
75	404.69	525.46	588.90	657.80
76	434.54	563.67	630.60	701.71
77	465.44	603.01	673.30	746.15
78	498.94	645.36	718.87	792.96
79	536.55	692.60	769.24	844.01
80	579.80	746.59	826.28	901.16

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	46.80	54.70	58.50	62.80
41	48.27	56.57	60.56	65.04
42	49.87	58.59	62.78	67.48
43	51.59	60.77	65.18	70.12
44	53.43	63.11	67.76	72.96
45	55.40	65.60	70.50	76.00
46	57.48	68.22	73.38	79.20
47	59.66	70.98	76.41	82.57
48	61.98	73.90	79.62	86.15
49	64.45	77.03	83.07	90.01
50	67.10	80.40	86.80	94.20
51	69.94	84.01	90.82	98.72
52	72.96	87.85	95.10	103.54
53	76.13	91.89	99.63	108.65
54	79.45	96.15	104.40	114.04
55	82.90	100.60	109.40	119.70
56	86.41	105.16	114.53	125.51
57	90.00	109.82	119.78	131.47
58	93.76	114.74	125.33	137.77
59	97.80	120.05	131.35	144.62
60	102.20	125.90	138.00	152.20
61	106.81	132.10	145.09	160.33
62	111.57	138.56	152.51	168.87
63	116.71	145.55	160.56	178.11
64	122.47	153.37	169.52	188.36
65	129.10	162.30	179.70	199.90
66	136.14	171.78	190.48	212.08
67	143.43	181.61	201.67	224.70
68	151.66	192.65	214.19	238.75
69	161.49	205.73	228.96	255.22
70	173.60	221.70	246.90	275.10
71	188.09	240.76	268.34	298.91
72	204.51	262.35	292.65	325.99
73	222.72	286.16	319.36	355.57
74	242.56	311.91	348.00	386.86
75	263.90	339.30	378.10	419.10
76	285.96	367.39	408.72	451.38
77	308.83	396.38	440.19	484.22
78	333.68	427.67	473.89	518.97
79	361.68	462.68	511.23	556.98
80	394.00	502.80	553.60	599.60

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	60.84	71.11	76.05	81.64
41	62.75	73.54	78.73	84.55
42	64.83	76.17	81.61	87.72
43	67.07	79.00	84.73	91.16
44	69.46	82.04	88.09	94.85
45	72.02	85.28	91.65	98.80
46	74.72	88.69	95.39	102.96
47	77.56	92.27	99.33	107.34
48	80.57	96.07	103.51	112.00
49	83.79	100.14	107.99	117.01
50	87.23	104.52	112.84	122.46
51	90.92	109.21	118.07	128.34
52	94.85	114.21	123.63	134.60
53	98.97	119.46	129.52	141.25
54	103.29	125.00	135.72	148.25
55	107.77	130.78	142.22	155.61
56	112.33	136.71	148.89	163.16
57	117.00	142.77	155.71	170.91
58	121.89	149.16	162.93	179.10
59	127.14	156.07	170.76	188.01
60	132.86	163.67	179.40	197.86
61	138.85	171.73	188.62	208.43
62	145.04	180.13	198.26	219.53
63	151.72	189.22	208.73	231.54
64	159.21	199.38	220.38	244.87
65	167.83	210.99	233.61	259.87
66	176.98	223.31	247.62	275.70
67	186.46	236.09	262.17	292.11
68	197.16	250.45	278.45	310.38
69	209.94	267.45	297.65	331.79
70	225.68	288.21	320.97	357.63
71	244.52	312.99	348.84	388.58
72	265.86	341.06	380.45	423.79
73	289.54	372.01	415.17	462.24
74	315.33	405.48	452.40	502.92
75	343.07	441.09	491.53	544.83
76	371.75	477.61	531.34	586.79
77	401.48	515.29	572.25	629.49
78	433.78	555.97	616.06	674.66
79	470.18	601.48	664.60	724.07
80	512.20	653.64	719.68	779.48

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	29.10	32.30	33.80	35.40
41	30.05	33.49	35.08	36.80
42	31.11	34.81	36.50	38.34
43	32.27	36.25	38.06	40.04
44	33.53	37.81	39.76	41.90
45	34.90	39.50	41.60	43.90
46	36.35	41.28	43.55	46.02
47	37.90	43.17	45.61	48.25
48	39.55	45.19	47.83	50.66
49	41.34	47.38	50.24	53.29
50	43.30	49.80	52.90	56.20
51	45.41	52.41	55.76	59.36
52	47.66	55.19	58.80	62.72
53	50.06	58.17	62.07	66.34
54	52.63	61.39	65.62	70.28
55	55.40	64.90	69.50	74.60
56	58.33	68.65	73.66	79.23
57	61.41	72.61	78.06	84.14
58	64.69	76.85	82.79	89.41
59	68.20	81.43	87.91	95.14
60	72.00	86.40	93.50	101.40
61	75.91	91.56	99.34	107.97
62	79.90	96.86	105.39	114.80
63	84.23	102.63	111.96	122.22
64	89.14	109.17	119.39	130.58
65	94.90	116.80	128.00	140.20
66	101.09	125.02	137.24	150.51
67	107.54	133.61	146.89	161.28
68	114.86	143.34	157.78	173.39
69	123.68	154.95	170.74	187.70
70	134.60	169.20	186.60	205.10
71	147.68	186.21	205.59	225.96
72	162.50	205.49	227.16	249.70
73	178.99	226.83	250.97	275.75
74	197.08	250.07	276.66	303.54
75	216.70	275.00	303.90	332.50
76	237.07	300.70	331.76	361.73
77	258.23	327.30	360.46	391.61
78	281.37	356.18	391.41	423.50
79	307.63	388.75	425.99	458.74
80	338.20	426.40	465.60	498.70

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	37.83	41.99	43.94	46.02
41	39.07	43.54	45.60	47.84
42	40.44	45.25	47.45	49.84
43	41.95	47.13	49.48	52.05
44	43.59	49.15	51.69	54.47
45	45.37	51.35	54.08	57.07
46	47.26	53.66	56.62	59.83
47	49.27	56.12	59.29	62.73
48	51.42	58.75	62.18	65.86
49	53.74	61.59	65.31	69.28
50	56.29	64.74	68.77	73.06
51	59.03	68.13	72.49	77.17
52	61.96	71.75	76.44	81.54
53	65.08	75.62	80.69	86.24
54	68.42	79.81	85.31	91.36
55	72.02	84.37	90.35	96.98
56	75.83	89.25	95.76	103.00
57	79.83	94.39	101.48	109.38
58	84.10	99.91	107.63	116.23
59	88.66	105.86	114.28	123.68
60	93.60	112.32	121.55	131.82
61	98.68	119.03	129.14	140.36
62	103.87	125.92	137.01	149.24
63	109.50	133.42	145.55	158.89
64	115.88	141.92	155.21	169.75
65	123.37	151.84	166.40	182.26
66	131.42	162.53	178.41	195.66
67	139.80	173.69	190.96	209.66
68	149.32	186.34	205.11	225.41
69	160.78	201.44	221.96	244.01
70	174.98	219.96	242.58	266.63
71	191.98	242.07	267.27	293.75
72	211.25	267.14	295.31	324.61
73	232.69	294.88	326.26	358.48
74	256.20	325.09	359.66	394.60
75	281.71	357.50	395.07	432.25
76	308.19	390.91	431.29	470.25
77	335.70	425.49	468.60	509.09
78	365.78	463.03	508.83	550.55
79	399.92	505.38	553.79	596.36
80	439.66	554.32	605.28	648.31

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	74.30	91.20	99.20	108.30
41	75.98	93.35	101.62	110.97
42	77.76	95.65	104.20	113.85
43	79.66	98.11	106.96	116.93
44	81.68	100.73	109.90	120.21
45	83.80	103.50	113.00	123.70
46	86.02	106.41	116.25	127.36
47	88.33	109.45	119.64	131.20
48	90.76	112.66	123.21	135.25
49	93.34	116.06	127.02	139.57
50	96.10	119.70	131.10	144.20
51	99.07	123.59	135.48	149.17
52	102.23	127.72	140.13	154.44
53	105.53	132.04	145.02	159.98
54	108.94	136.51	150.09	165.75
55	112.40	141.10	155.30	171.70
56	115.83	145.66	160.50	177.67
57	119.25	150.23	165.71	183.68
58	122.80	155.00	171.18	189.98
59	126.64	160.19	177.13	196.84
60	130.90	166.00	183.80	204.50
61	135.46	172.29	191.04	212.82
62	140.22	178.92	198.71	221.64
63	145.37	186.10	207.01	231.16
64	151.10	194.06	216.16	241.61
65	157.60	203.00	226.40	253.20
66	164.44	212.40	237.13	265.32
67	171.50	222.12	248.21	277.81
68	179.41	232.94	260.51	291.62
69	188.80	245.67	274.91	307.67
70	200.30	261.10	292.30	326.90
71	214.04	279.46	313.01	349.83
72	229.60	300.23	336.47	375.85
73	246.79	323.04	362.15	404.15
74	265.42	347.55	389.53	433.97
75	285.30	373.40	418.10	464.50
76	305.81	399.83	447.06	494.93
77	327.08	427.07	476.74	525.78
78	350.03	456.26	508.36	558.29
79	375.60	488.56	543.12	593.68
80	404.70	525.10	582.20	633.20

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	96.59	118.56	128.96	140.79
41	98.77	121.36	132.11	144.26
42	101.09	124.35	135.46	148.01
43	103.56	127.54	139.05	152.01
44	106.18	130.95	142.87	156.27
45	108.94	134.55	146.90	160.81
46	111.83	138.33	151.13	165.57
47	114.83	142.29	155.53	170.56
48	117.99	146.46	160.17	175.83
49	121.34	150.88	165.13	181.44
50	124.93	155.61	170.43	187.46
51	128.79	160.67	176.12	193.92
52	132.90	166.04	182.17	200.77
53	137.19	171.65	188.53	207.97
54	141.62	177.46	195.12	215.48
55	146.12	183.43	201.89	223.21
56	150.58	189.36	208.65	230.97
57	155.03	195.30	215.42	238.78
58	159.64	201.50	222.53	246.97
59	164.63	208.25	230.27	255.89
60	170.17	215.80	238.94	265.85
61	176.10	223.98	248.35	276.67
62	182.29	232.60	258.32	288.13
63	188.98	241.93	269.11	300.51
64	196.43	252.28	281.01	314.09
65	204.88	263.90	294.32	329.16
66	213.77	276.12	308.27	344.92
67	222.95	288.76	322.67	361.15
68	233.23	302.82	338.66	379.11
69	245.44	319.37	357.38	399.97
70	260.39	339.43	379.99	424.97
71	278.25	363.30	406.91	454.78
72	298.48	390.30	437.41	488.61
73	320.83	419.95	470.80	525.40
74	345.05	451.82	506.39	564.16
75	370.89	485.42	543.53	603.85
76	397.55	519.78	581.18	643.41
77	425.20	555.19	619.76	683.51
78	455.04	593.14	660.87	725.78
79	488.28	635.13	706.06	771.78
80	526.11	682.63	756.86	823.16

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	44.20	51.90	55.40	59.40
41	45.56	53.61	57.30	61.51
42	47.04	55.47	59.36	63.79
43	48.62	57.47	61.58	66.25
44	50.30	59.61	63.96	68.89
45	52.10	61.90	66.50	71.70
46	53.99	64.31	69.17	74.65
47	55.96	66.84	71.98	77.74
48	58.06	69.53	74.96	81.03
49	60.29	72.40	78.15	84.56
50	62.70	75.50	81.60	88.40
51	65.29	78.82	85.31	92.55
52	68.03	82.35	89.25	96.97
53	70.93	86.08	93.41	101.65
54	73.95	90.00	97.80	106.60
55	77.10	94.10	102.40	111.80
56	80.30	98.29	107.11	117.15
57	83.58	102.59	111.94	122.64
58	87.01	107.11	117.04	128.45
59	90.69	112.01	122.58	134.75
60	94.70	117.40	128.70	141.70
61	98.91	123.13	135.24	149.14
62	103.24	129.11	142.10	156.95
63	107.93	135.58	149.52	165.39
64	113.18	142.80	157.77	174.72
65	119.20	151.00	167.10	185.20
66	125.60	159.69	176.95	196.24
67	132.24	168.71	187.16	207.68
68	139.71	178.80	198.56	220.38
69	148.60	190.72	211.96	235.23
70	159.50	205.20	228.20	253.10
71	172.52	222.45	247.56	274.43
72	187.25	241.97	269.50	298.65
73	203.56	263.46	293.57	325.07
74	221.29	286.64	319.35	353.05
75	240.30	311.20	346.40	381.90
76	259.98	336.41	373.96	410.86
77	280.43	362.47	402.32	440.37
78	302.56	390.48	432.61	471.59
79	327.28	421.56	465.99	505.68
80	355.50	456.80	503.60	543.80

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	57.46	67.47	72.02	77.22
41	59.23	69.69	74.49	79.96
42	61.15	72.11	77.17	82.93
43	63.21	74.71	80.05	86.13
44	65.39	77.49	83.15	89.56
45	67.73	80.47	86.45	93.21
46	70.19	83.60	89.92	97.05
47	72.75	86.89	93.57	101.06
48	75.48	90.39	97.45	105.34
49	78.38	94.12	101.60	109.93
50	81.51	98.15	106.08	114.92
51	84.88	102.47	110.90	120.32
52	88.44	107.06	116.03	126.06
53	92.21	111.90	121.43	132.15
54	96.14	117.00	127.14	138.58
55	100.23	122.33	133.12	145.34
56	104.39	127.78	139.24	152.30
57	108.65	133.37	145.52	159.43
58	113.11	139.24	152.15	166.99
59	117.90	145.61	159.35	175.18
60	123.11	152.62	167.31	184.21
61	128.58	160.07	175.81	193.88
62	134.21	167.84	184.73	204.04
63	140.31	176.25	194.38	215.01
64	147.13	185.64	205.10	227.14
65	154.96	196.30	217.23	240.76
66	163.28	207.60	230.04	255.11
67	171.91	219.32	243.31	269.98
68	181.62	232.44	258.13	286.49
69	193.18	247.94	275.55	305.80
70	207.35	266.76	296.66	329.03
71	224.28	289.19	321.83	356.76
72	243.43	314.56	350.35	388.25
73	264.63	342.50	381.64	422.59
74	287.68	372.63	415.16	458.97
75	312.39	404.56	450.32	496.47
76	337.97	437.33	486.15	534.12
77	364.56	471.21	523.02	572.48
78	393.33	507.62	562.39	613.07
79	425.46	548.03	605.79	657.38
80	462.15	593.84	654.68	706.94

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	27.70	30.70	32.10	33.60
41	28.58	31.80	33.30	34.89
42	29.56	33.00	34.62	36.31
43	30.62	34.32	36.06	37.87
44	31.76	35.76	37.62	39.57
45	33.00	37.30	39.30	41.40
46	34.30	38.93	41.07	43.33
47	35.68	40.65	42.92	45.37
48	37.15	42.49	44.92	47.55
49	38.75	44.49	47.09	49.95
50	40.50	46.70	49.50	52.60
51	42.40	49.09	52.11	55.48
52	44.42	51.63	54.90	58.55
53	46.58	54.36	57.90	61.86
54	48.90	57.30	61.15	65.46
55	51.40	60.50	64.70	69.40
56	54.05	63.90	68.50	73.62
57	56.83	67.49	72.52	78.10
58	59.79	71.33	76.83	82.90
59	62.97	75.48	81.50	88.11
60	66.40	80.00	86.60	93.80
61	69.94	84.72	91.93	99.76
62	73.55	89.58	97.44	105.96
63	77.47	94.87	103.43	112.68
64	81.92	100.85	110.19	120.22
65	87.10	107.80	118.00	128.90
66	92.67	115.27	126.39	138.20
67	98.48	123.07	135.16	147.91
68	105.06	131.89	145.03	158.81
69	112.95	142.37	156.74	171.66
70	122.70	155.20	171.00	187.20
71	134.35	170.50	188.02	205.77
72	147.54	187.83	207.32	226.87
73	162.20	206.99	228.59	249.99
74	178.25	227.78	251.52	274.67
75	195.60	250.00	275.80	300.40
76	213.65	272.91	300.68	326.42
77	232.45	296.66	326.37	353.06
78	252.91	322.33	354.00	381.47
79	275.96	351.04	384.70	412.80
80	302.50	383.90	419.60	448.20

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	36.01	39.91	41.73	43.68
41	37.15	41.34	43.29	45.36
42	38.43	42.90	45.01	47.20
43	39.81	44.62	46.88	49.23
44	41.29	46.49	48.91	51.44
45	42.90	48.49	51.09	53.82
46	44.59	50.61	53.39	56.33
47	46.38	52.85	55.80	58.98
48	48.30	55.24	58.40	61.82
49	50.38	57.84	61.22	64.94
50	52.65	60.71	64.35	68.38
51	55.12	63.82	67.74	72.12
52	57.75	67.12	71.37	76.12
53	60.55	70.67	75.27	80.42
54	63.57	74.49	79.50	85.10
55	66.82	78.65	84.11	90.22
56	70.27	83.07	89.05	95.71
57	73.88	87.74	94.28	101.53
58	77.73	92.73	99.88	107.77
59	81.86	98.12	105.95	114.54
60	86.32	104.00	112.58	121.94
61	90.92	110.14	119.51	129.69
62	95.62	116.45	126.67	137.75
63	100.71	123.33	134.46	146.48
64	106.50	131.11	143.25	156.29
65	113.23	140.14	153.40	167.57
66	120.47	149.85	164.31	179.66
67	128.02	159.99	175.71	192.28
68	136.58	171.46	188.54	206.45
69	146.84	185.08	203.76	223.16
70	159.51	201.76	222.30	243.36
71	174.66	221.65	244.43	267.50
72	191.80	244.18	269.52	294.93
73	210.86	269.09	297.17	324.99
74	231.73	296.11	326.98	357.07
75	254.28	325.00	358.54	390.52
76	277.75	354.78	390.88	424.35
77	302.19	385.66	424.28	458.98
78	328.78	419.03	460.20	495.91
79	358.75	456.35	500.11	536.64
80	393.25	499.07	545.48	582.66

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	70.80	86.70	94.40	102.90
41	72.37	88.71	96.62	105.42
42	74.05	90.87	99.02	108.12
43	75.83	93.17	101.58	111.02
44	77.71	95.61	104.30	114.12
45	79.70	98.20	107.20	117.40
46	81.77	100.91	110.24	120.85
47	83.94	103.75	113.42	124.47
48	86.21	106.73	116.79	128.29
49	88.62	109.91	120.37	132.35
50	91.20	113.30	124.20	136.70
51	93.97	116.93	128.31	141.35
52	96.91	120.79	132.68	146.28
53	99.98	124.83	137.27	151.45
54	103.16	129.01	142.02	156.84
55	106.40	133.30	146.90	162.40
56	109.62	137.57	151.76	167.98
57	112.84	141.84	156.63	173.61
58	116.19	146.32	161.72	179.51
59	119.80	151.17	167.27	185.93
60	123.80	156.60	173.50	193.10
61	128.06	162.47	180.27	200.88
62	132.50	168.66	187.44	209.13
63	137.30	175.36	195.20	218.03
64	142.64	182.77	203.75	227.78
65	148.70	191.10	213.30	238.60
66	155.09	199.85	223.30	249.90
67	161.70	208.89	233.61	261.54
68	169.10	218.95	245.06	274.40
69	177.88	230.78	258.45	289.33
70	188.60	245.10	274.60	307.20
71	201.39	262.16	293.84	328.52
72	215.87	281.46	315.63	352.70
73	231.86	302.65	339.47	379.00
74	249.16	325.38	364.86	406.65
75	267.60	349.30	391.30	434.90
76	286.64	373.73	418.09	463.01
77	306.40	398.92	445.57	491.50
78	327.69	425.86	474.78	521.45
79	351.32	455.55	506.78	553.95
80	378.10	489.00	542.60	590.10

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	92.04	112.71	122.72	133.77
41	94.08	115.32	125.61	137.05
42	96.27	118.13	128.73	140.56
43	98.58	121.12	132.05	144.33
44	101.02	124.29	135.59	148.36
45	103.61	127.66	139.36	152.62
46	106.30	131.18	143.31	157.11
47	109.12	134.88	147.45	161.81
48	112.07	138.75	151.83	166.78
49	115.21	142.88	156.48	172.06
50	118.56	147.29	161.46	177.71
51	122.16	152.01	166.80	183.76
52	125.98	157.03	172.48	190.16
53	129.97	162.28	178.45	196.89
54	134.11	167.71	184.63	203.89
55	138.32	173.29	190.97	211.12
56	142.51	178.84	197.29	218.37
57	146.69	184.39	203.62	225.69
58	151.05	190.22	210.24	233.36
59	155.74	196.52	217.45	241.71
60	160.94	203.58	225.55	251.03
61	166.48	211.21	234.35	261.14
62	172.25	219.26	243.67	271.87
63	178.49	227.97	253.76	283.44
64	185.43	237.60	264.88	296.11
65	193.31	248.43	277.29	310.18
66	201.62	259.81	290.29	324.87
67	210.21	271.56	303.69	340.00
68	219.83	284.64	318.58	356.72
69	231.24	300.01	335.99	376.13
70	245.18	318.63	356.98	399.36
71	261.81	340.81	381.99	427.08
72	280.63	365.90	410.32	458.51
73	301.42	393.45	441.31	492.70
74	323.91	422.99	474.32	528.65
75	347.88	454.09	508.69	565.37
76	372.63	485.85	543.52	601.91
77	398.32	518.60	579.24	638.95
78	426.00	553.62	617.21	677.89
79	456.72	592.22	658.81	720.14
80	491.53	635.70	705.38	767.13

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	42.30	49.50	52.90	56.60
41	43.58	51.12	54.68	58.59
42	44.96	52.86	56.62	60.75
43	46.44	54.74	58.70	63.07
44	48.02	56.76	60.92	65.55
45	49.70	58.90	63.30	68.20
46	51.46	61.15	65.80	70.98
47	53.31	63.52	68.42	73.89
48	55.26	66.02	71.20	76.98
49	57.35	68.71	74.18	80.30
50	59.60	71.60	77.40	83.90
51	62.02	74.71	80.86	87.77
52	64.60	78.02	84.53	91.89
53	67.32	81.50	88.41	96.25
54	70.16	85.17	92.50	100.85
55	73.10	89.00	96.80	105.70
56	76.09	92.91	101.21	110.69
57	79.14	96.91	105.73	115.81
58	82.33	101.12	110.50	121.23
59	85.76	105.68	115.68	127.11
60	89.50	110.70	121.40	133.60
61	93.43	116.04	127.51	140.55
62	97.49	121.62	133.91	147.84
63	101.87	127.65	140.83	155.72
64	106.78	134.37	148.52	164.43
65	112.40	142.00	157.20	174.20
66	118.38	150.08	166.37	184.49
67	124.59	158.45	175.87	195.16
68	131.56	167.81	186.47	206.99
69	139.85	178.86	198.92	220.80
70	150.00	192.30	214.00	237.40
71	162.10	208.32	231.98	257.21
72	175.80	226.45	252.35	279.69
73	190.94	246.41	274.69	304.21
74	207.39	267.89	298.58	330.13
75	225.00	290.60	323.60	356.80
76	243.25	313.90	349.08	383.56
77	262.22	337.98	375.30	410.83
78	282.72	363.81	403.27	439.62
79	305.55	392.36	433.97	470.94
80	331.50	424.60	468.40	505.80

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	54.99	64.35	68.77	73.58
41	56.65	66.46	71.08	76.17
42	58.45	68.72	73.61	78.98
43	60.37	71.16	76.31	81.99
44	62.43	73.79	79.20	85.22
45	64.61	76.57	82.29	88.66
46	66.90	79.50	85.54	92.27
47	69.30	82.58	88.95	96.06
48	71.84	85.83	92.56	100.07
49	74.56	89.32	96.43	104.39
50	77.48	93.08	100.62	109.07
51	80.63	97.12	105.12	114.10
52	83.98	101.43	109.89	119.46
53	87.52	105.95	114.93	125.13
54	91.21	110.72	120.25	131.11
55	95.03	115.70	125.84	137.41
56	98.92	120.78	131.57	143.90
57	102.88	125.98	137.45	150.55
58	107.03	131.46	143.65	157.60
59	111.49	137.38	150.38	165.24
60	116.35	143.91	157.82	173.68
61	121.46	150.85	165.76	182.72
62	126.74	158.11	174.08	192.19
63	132.43	165.95	183.08	202.44
64	138.81	174.68	193.08	213.76
65	146.12	184.60	204.36	226.46
66	153.89	195.10	216.28	239.84
67	161.97	205.99	228.63	253.71
68	171.03	218.15	242.41	269.09
69	181.81	232.52	258.60	287.04
70	195.00	249.99	278.20	308.62
71	210.73	270.82	301.57	334.37
72	228.54	294.39	328.06	363.60
73	248.22	320.33	357.10	395.47
74	269.61	348.26	388.15	429.17
75	292.50	377.78	420.68	463.84
76	316.23	408.07	453.80	498.63
77	340.89	439.37	487.89	534.08
78	367.54	472.95	524.25	571.51
79	397.22	510.07	564.16	612.22
80	430.95	551.98	608.92	657.54

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 50% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	26.70	29.60	30.90	32.30
41	27.55	30.61	32.02	33.48
42	28.47	31.73	33.24	34.78
43	29.47	32.95	34.58	36.22
44	30.55	34.27	36.04	37.80
45	31.70	35.70	37.60	39.50
46	32.91	37.21	39.25	41.31
47	34.16	38.79	40.97	43.21
48	35.51	40.49	42.83	45.27
49	36.98	42.35	44.85	47.51
50	38.60	44.40	47.10	50.00
51	40.37	46.63	49.54	52.70
52	42.26	49.01	52.15	55.57
53	44.29	51.56	54.96	58.67
54	46.46	54.32	57.99	62.03
55	48.80	57.30	61.30	65.70
56	51.27	60.46	64.83	69.63
57	53.88	63.80	68.55	73.80
58	56.64	67.36	72.55	78.27
59	59.61	71.20	76.87	83.11
60	62.80	75.40	81.60	88.40
61	66.08	79.78	86.55	93.94
62	69.44	84.29	91.68	99.70
63	73.07	89.20	97.25	105.94
64	77.19	94.75	103.54	112.95
65	82.00	101.20	110.80	121.00
66	87.18	108.14	118.60	129.64
67	92.58	115.40	126.75	138.67
68	98.71	123.59	135.93	148.79
69	106.05	133.32	146.79	160.70
70	115.10	145.20	160.00	175.10
71	125.92	159.36	175.77	192.29
72	138.17	175.41	193.64	211.81
73	151.78	193.13	213.32	233.20
74	166.65	212.32	234.51	255.98
75	182.70	232.80	256.90	279.70
76	199.39	253.91	279.83	303.68
77	216.78	275.80	303.51	328.25
78	235.67	299.42	328.91	354.39
79	256.88	325.73	357.05	383.10
80	281.20	355.70	388.90	415.40

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	34.71	38.48	40.17	41.99
41	35.82	39.79	41.63	43.52
42	37.01	41.25	43.21	45.21
43	38.31	42.84	44.95	47.09
44	39.72	44.55	46.85	49.14
45	41.21	46.41	48.88	51.35
46	42.78	48.37	51.03	53.70
47	44.41	50.43	53.26	56.17
48	46.16	52.64	55.68	58.85
49	48.07	55.06	58.31	61.76
50	50.18	57.72	61.23	65.00
51	52.48	60.62	64.40	68.51
52	54.94	63.71	67.80	72.24
53	57.58	67.03	71.45	76.27
54	60.40	70.62	75.39	80.64
55	63.44	74.49	79.69	85.41
56	66.65	78.60	84.28	90.52
57	70.04	82.94	89.12	95.94
58	73.63	87.57	94.32	101.75
59	77.49	92.56	99.93	108.04
60	81.64	98.02	106.08	114.92
61	85.90	103.71	112.52	122.12
62	90.27	109.58	119.18	129.61
63	94.99	115.96	126.43	137.72
64	100.35	123.18	134.60	146.84
65	106.60	131.56	144.04	157.30
66	113.33	140.58	154.18	168.53
67	120.35	150.02	164.78	180.27
68	128.32	160.67	176.71	193.43
69	137.87	173.32	190.83	208.91
70	149.63	188.76	208.00	227.63
71	163.70	207.17	228.50	249.98
72	179.62	228.03	251.73	275.35
73	197.31	251.07	277.32	303.16
74	216.65	276.02	304.86	332.77
75	237.51	302.64	333.97	363.61
76	259.21	330.08	363.78	394.78
77	281.81	358.54	394.56	426.73
78	306.37	389.25	427.58	460.71
79	333.94	423.45	464.17	498.03
80	365.56	462.41	505.57	540.02

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	94.10	122.40	134.40	144.60
41	96.28	125.40	137.71	148.26
42	98.62	128.60	141.27	152.20
43	101.12	132.02	145.07	156.40
44	103.78	135.66	149.11	160.86
45	106.60	139.50	153.40	165.60
46	109.56	143.53	157.91	170.57
47	112.67	147.76	162.65	175.78
48	115.94	152.20	167.63	181.28
49	119.41	156.91	172.91	187.10
50	123.10	161.90	178.50	193.30
51	127.06	167.25	184.47	199.94
52	131.26	172.92	190.80	206.98
53	135.65	178.84	197.39	214.34
54	140.15	184.89	204.16	221.91
55	144.70	191.00	211.00	229.60
56	149.19	197.01	217.75	237.21
57	153.68	202.98	224.48	244.82
58	158.30	209.13	231.42	252.70
59	163.23	215.70	238.85	261.13
60	168.60	222.90	247.00	270.40
61	174.24	230.50	255.64	280.26
62	180.05	238.36	264.59	290.53
63	186.30	246.81	274.23	301.56
64	193.26	256.21	284.91	313.73
65	201.20	266.90	297.00	327.40
66	209.58	278.19	309.75	341.77
67	218.22	289.85	322.91	356.59
68	227.93	302.91	337.61	373.06
69	239.52	318.42	355.00	392.40
70	253.80	337.40	376.20	415.80
71	271.00	360.31	401.83	444.11
72	290.59	386.46	431.14	476.53
73	312.20	415.18	463.20	511.78
74	335.49	445.78	497.09	548.60
75	360.10	477.60	531.90	585.70
76	385.13	509.49	566.44	621.92
77	410.83	541.89	601.33	658.11
78	438.53	576.53	638.34	696.02
79	469.57	615.13	679.24	737.40
80	505.30	659.40	725.80	784.00

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	122.33	159.12	174.72	187.98
41	125.16	163.02	179.02	192.74
42	128.21	167.18	183.65	197.86
43	131.46	171.63	188.59	203.32
44	134.91	176.36	193.84	209.12
45	138.58	181.35	199.42	215.28
46	142.43	186.59	205.28	221.74
47	146.47	192.09	211.45	228.51
48	150.72	197.86	217.92	235.66
49	155.23	203.98	224.78	243.23
50	160.03	210.47	232.05	251.29
51	165.18	217.43	239.81	259.92
52	170.64	224.80	248.04	269.07
53	176.35	232.49	256.61	278.64
54	182.20	240.36	265.41	288.48
55	188.11	248.30	274.30	298.48
56	193.95	256.11	283.08	308.37
57	199.78	263.87	291.82	318.27
58	205.79	271.87	300.85	328.51
59	212.20	280.41	310.51	339.47
60	219.18	289.77	321.10	351.52
61	226.51	299.65	332.33	364.34
62	234.07	309.87	343.97	377.69
63	242.19	320.85	356.50	392.03
64	251.24	333.07	370.38	407.85
65	261.56	346.97	386.10	425.62
66	272.45	361.65	402.68	444.30
67	283.69	376.81	419.78	463.57
68	296.31	393.78	438.89	484.98
69	311.38	413.95	461.50	510.12
70	329.94	438.62	489.06	540.54
71	352.30	468.40	522.38	577.34
72	377.77	502.40	560.48	619.49
73	405.86	539.73	602.16	665.31
74	436.14	579.51	646.22	713.18
75	468.13	620.88	691.47	761.41
76	500.67	662.34	736.37	808.50
77	534.08	704.46	781.73	855.54
78	570.09	749.49	829.84	904.83
79	610.44	799.67	883.01	958.62
80	656.89	857.22	943.54	1019.20

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	55.80	69.80	75.40	79.90
41	57.66	72.30	78.15	82.88
42	59.68	75.00	81.13	86.12
43	61.84	77.90	84.33	89.60
44	64.14	81.00	87.75	93.32
45	66.60	84.30	91.40	97.30
46	69.18	87.77	95.24	101.49
47	71.88	91.42	99.28	105.90
48	74.75	95.28	103.56	110.56
49	77.81	99.40	108.12	115.55
50	81.10	103.80	113.00	120.90
51	84.65	108.52	118.24	126.65
52	88.44	113.54	123.82	132.76
53	92.43	118.81	129.67	139.20
54	96.56	124.28	135.75	145.89
55	100.80	129.90	142.00	152.80
56	105.08	135.58	148.32	159.80
57	109.44	141.36	154.73	166.93
58	113.96	147.37	161.41	174.36
59	118.75	153.74	168.52	182.29
60	123.90	160.60	176.20	190.90
61	129.21	167.70	184.20	199.92
62	134.62	174.94	192.41	209.22
63	140.43	182.72	201.22	219.22
64	146.92	191.41	211.05	230.31
65	154.40	201.40	222.30	242.90
66	162.35	212.03	234.26	256.25
67	170.58	223.05	246.66	270.08
68	179.86	235.43	260.56	285.51
69	190.94	250.16	277.02	303.68
70	204.60	268.20	297.10	325.70
71	221.04	289.96	321.33	352.30
72	239.74	314.78	349.00	382.75
73	260.40	342.07	379.31	415.93
74	282.72	371.24	411.48	450.74
75	306.40	401.70	444.70	486.10
76	330.54	432.34	477.84	520.90
77	355.35	463.55	511.44	555.87
78	382.16	497.00	547.18	592.66
79	412.30	534.36	586.77	632.93
80	447.10	577.30	631.90	678.30

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	72.54	90.74	98.02	103.87
41	74.96	93.99	101.60	107.74
42	77.58	97.50	105.47	111.96
43	80.39	101.27	109.63	116.48
44	83.38	105.30	114.08	121.32
45	86.58	109.59	118.82	126.49
46	89.93	114.10	123.81	131.94
47	93.44	118.85	129.06	137.67
48	97.18	123.86	134.63	143.73
49	101.15	129.22	140.56	150.22
50	105.43	134.94	146.90	157.17
51	110.05	141.08	153.71	164.65
52	114.97	147.60	160.97	172.59
53	120.16	154.45	168.57	180.96
54	125.53	161.56	176.48	189.66
55	131.04	168.87	184.60	198.64
56	136.60	176.25	192.82	207.74
57	142.27	183.77	201.15	217.01
58	148.15	191.58	209.83	226.67
59	154.38	199.86	219.08	236.98
60	161.07	208.78	229.06	248.17
61	167.97	218.01	239.46	259.90
62	175.01	227.42	250.13	271.99
63	182.56	237.54	261.59	284.99
64	191.00	248.83	274.37	299.40
65	200.72	261.82	288.99	315.77
66	211.06	275.64	304.54	333.13
67	221.75	289.97	320.66	351.10
68	233.82	306.06	338.73	371.16
69	248.22	325.21	360.13	394.78
70	265.98	348.66	386.23	423.41
71	287.35	376.95	417.73	457.99
72	311.66	409.21	453.70	497.58
73	338.52	444.69	493.10	540.71
74	367.54	482.61	534.92	585.96
75	398.32	522.21	578.11	631.93
76	429.70	562.04	621.19	677.17
77	461.96	602.62	664.87	722.63
78	496.81	646.10	711.33	770.46
79	535.99	694.67	762.80	822.81
80	581.23	750.49	821.47	881.79

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 30-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	34.00	40.20	42.50	44.20
41	35.24	41.84	44.29	46.09
42	36.60	43.66	46.27	48.19
43	38.10	45.64	48.43	50.49
44	39.74	47.78	50.77	52.99
45	41.50	50.10	53.30	55.70
46	43.38	52.56	55.98	58.58
47	45.36	55.15	58.81	61.63
48	47.49	57.93	61.84	64.90
49	49.79	60.93	65.12	68.44
50	52.30	64.20	68.70	72.30
51	55.01	67.73	72.56	76.45
52	57.89	71.49	76.67	80.86
53	60.96	75.50	81.05	85.56
54	64.23	79.76	85.72	90.60
55	67.70	84.30	90.70	96.00
56	71.37	89.09	95.96	101.74
57	75.22	94.13	101.48	107.79
58	79.28	99.44	107.32	114.20
59	83.57	105.06	113.51	121.02
60	88.10	111.00	120.10	128.30
61	92.66	117.00	126.80	135.73
62	97.25	123.03	133.59	143.28
63	102.17	129.51	140.89	151.40
64	107.74	136.86	149.15	160.56
65	114.30	145.50	158.80	171.20
66	121.37	154.85	169.22	182.69
67	128.75	164.64	180.12	194.71
68	137.12	175.73	192.43	208.24
69	147.18	188.96	207.08	224.25
70	159.60	205.20	225.00	243.70
71	174.54	224.74	246.59	267.15
72	191.54	247.01	271.23	293.96
73	210.37	271.56	298.31	323.28
74	230.83	297.97	327.24	354.31
75	252.70	325.80	357.40	386.20
76	275.09	353.95	387.70	417.88
77	298.15	382.73	418.53	449.91
78	323.20	413.75	451.55	483.90
79	351.58	448.67	488.42	521.46
80	384.60	489.10	530.80	564.20

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	44.20	52.26	55.25	57.46
41	45.81	54.39	57.58	59.92
42	47.58	56.76	60.15	62.65
43	49.53	59.33	62.96	65.64
44	51.66	62.11	66.00	68.89
45	53.95	65.13	69.29	72.41
46	56.39	68.33	72.77	76.15
47	58.97	71.70	76.45	80.12
48	61.74	75.31	80.39	84.37
49	64.73	79.21	84.66	88.97
50	67.99	83.46	89.31	93.99
51	71.51	88.05	94.33	99.39
52	75.26	92.94	99.67	105.12
53	79.25	98.15	105.37	111.23
54	83.50	103.69	111.44	117.78
55	88.01	109.59	117.91	124.80
56	92.78	115.82	124.75	132.26
57	97.79	122.37	131.92	140.13
58	103.06	129.27	139.52	148.46
59	108.64	136.58	147.56	157.33
60	114.53	144.30	156.13	166.79
61	120.46	152.10	164.84	176.45
62	126.43	159.94	173.67	186.26
63	132.82	168.36	183.16	196.82
64	140.06	177.92	193.90	208.73
65	148.59	189.15	206.44	222.56
66	157.78	201.31	219.99	237.50
67	167.38	214.03	234.16	253.12
68	178.26	228.45	250.16	270.71
69	191.33	245.65	269.20	291.53
70	207.48	266.76	292.50	316.81
71	226.90	292.16	320.57	347.30
72	249.00	321.11	352.60	382.15
73	273.48	353.03	387.80	420.26
74	300.08	387.36	425.41	460.60
75	328.51	423.54	464.62	502.06
76	357.62	460.14	504.01	543.24
77	387.60	497.55	544.09	584.88
78	420.16	537.88	587.02	629.07
79	457.05	583.27	634.95	677.90
80	499.98	635.83	690.04	733.46

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	88.60	115.40	126.60	136.20
41	90.61	118.20	129.74	139.59
42	92.77	121.20	133.10	143.23
43	95.07	124.38	136.66	147.11
44	97.51	127.74	140.42	151.23
45	100.10	131.30	144.40	155.60
46	102.82	135.02	148.56	160.18
47	105.66	138.91	152.89	164.99
48	108.66	143.00	157.45	170.05
49	111.83	147.31	162.28	175.40
50	115.20	151.90	167.40	181.10
51	118.80	156.81	172.89	187.20
52	122.62	162.02	178.71	193.67
53	126.59	167.45	184.79	200.42
54	130.67	173.00	191.01	207.37
55	134.80	178.60	197.30	214.40
56	138.88	184.10	203.50	221.35
57	142.94	189.56	209.66	228.29
58	147.14	195.19	216.03	235.47
59	151.61	201.20	222.83	243.15
60	156.50	207.80	230.30	251.60
61	161.66	214.80	238.22	260.61
62	166.99	222.05	246.44	270.00
63	172.72	229.85	255.27	280.10
64	179.08	238.50	265.05	291.19
65	186.30	248.30	276.10	303.60
66	193.90	258.63	287.75	316.62
67	201.72	269.31	299.80	330.03
68	210.48	281.23	313.22	344.91
69	220.90	295.33	329.03	362.31
70	233.70	312.50	348.20	383.30
71	249.09	333.18	371.29	408.62
72	266.60	356.76	397.65	437.55
73	285.90	382.60	426.43	469.00
74	306.64	410.06	456.83	501.85
75	328.50	438.50	488.00	535.00
76	350.76	467.01	518.98	567.44
77	373.66	496.00	550.30	599.91
78	398.24	526.86	583.45	633.92
79	425.57	560.97	619.89	670.98
80	456.70	599.70	661.10	712.60

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	115.18	150.02	164.58	177.06
41	117.79	153.66	168.66	181.47
42	120.60	157.56	173.03	186.20
43	123.59	161.69	177.66	191.24
44	126.76	166.06	182.55	196.60
45	130.13	170.69	187.72	202.28
46	133.67	175.53	193.13	208.23
47	137.36	180.58	198.76	214.49
48	141.26	185.90	204.69	221.07
49	145.38	191.50	210.96	228.02
50	149.76	197.47	217.62	235.43
51	154.44	203.85	224.76	243.36
52	159.41	210.63	232.32	251.77
53	164.57	217.69	240.23	260.55
54	169.87	224.90	248.31	269.58
55	175.24	232.18	256.49	278.72
56	180.54	239.33	264.55	287.76
57	185.82	246.43	272.56	296.78
58	191.28	253.75	280.84	306.11
59	197.09	261.56	289.68	316.10
60	203.45	270.14	299.39	327.08
61	210.16	279.24	309.69	338.79
62	217.09	288.67	320.37	351.00
63	224.54	298.81	331.85	364.13
64	232.80	310.05	344.57	378.55
65	242.19	322.79	358.93	394.68
66	252.07	336.22	374.08	411.61
67	262.24	350.10	389.74	429.04
68	273.62	365.60	407.19	448.38
69	287.17	383.93	427.74	471.00
70	303.81	406.25	452.66	498.29
71	323.82	433.13	482.68	531.21
72	346.58	463.79	516.95	568.82
73	371.67	497.38	554.36	609.70
74	398.63	533.08	593.88	652.41
75	427.05	570.05	634.40	695.50
76	455.99	607.11	674.67	737.67
77	485.76	644.80	715.39	779.88
78	517.71	684.92	758.49	824.10
79	553.24	729.26	805.86	872.27
80	593.71	779.61	859.43	926.38

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	52.40	65.50	70.70	74.90
41	54.08	67.83	73.26	77.65
42	55.90	70.33	76.02	80.63
43	57.86	73.01	78.98	83.83
44	59.96	75.87	82.14	87.25
45	62.20	78.90	85.50	90.90
46	64.56	82.08	89.03	94.74
47	67.05	85.41	92.74	98.78
48	69.69	88.93	96.66	103.05
49	72.50	92.68	100.83	107.61
50	75.50	96.70	105.30	112.50
51	78.72	101.02	110.10	117.75
52	82.14	105.62	115.19	123.33
53	85.73	110.45	120.54	129.19
54	89.46	115.46	126.09	135.30
55	93.30	120.60	131.80	141.60
56	97.19	125.79	137.56	148.00
57	101.15	131.05	143.41	154.51
58	105.26	136.53	149.50	161.31
59	109.62	142.33	155.98	168.55
60	114.30	148.60	163.00	176.40
61	119.13	155.11	170.33	184.62
62	124.06	161.76	177.86	193.11
63	129.34	168.91	185.96	202.22
64	135.23	176.88	194.95	212.30
65	142.00	186.00	205.20	223.70
66	149.19	195.71	216.08	235.77
67	156.64	205.78	227.35	248.26
68	165.01	217.06	239.95	262.18
69	174.97	230.42	254.82	278.49
70	187.20	246.70	272.90	298.20
71	201.88	266.28	294.66	321.93
72	218.56	288.58	319.48	349.03
73	236.97	313.05	346.64	378.54
74	256.81	339.14	375.42	409.52
75	277.80	366.30	405.10	441.00
76	299.24	393.64	434.75	472.05
77	321.33	421.53	464.84	503.30
78	345.11	451.30	496.78	536.17
79	371.62	484.28	531.97	572.06
80	401.90	521.80	571.80	612.40

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	68.12	85.15	91.91	97.37
41	70.30	88.18	95.24	100.95
42	72.67	91.43	98.83	104.82
43	75.22	94.91	102.67	108.98
44	77.95	98.63	106.78	113.43
45	80.86	102.57	111.15	118.17
46	83.93	106.70	115.74	123.16
47	87.17	111.03	120.56	128.41
48	90.60	115.61	125.66	133.97
49	94.25	120.48	131.08	139.89
50	98.15	125.71	136.89	146.25
51	102.34	131.33	143.13	153.08
52	106.78	137.31	149.75	160.33
53	111.45	143.59	156.70	167.95
54	116.30	150.10	163.92	175.89
55	121.29	156.78	171.34	184.08
56	126.35	163.53	178.83	192.40
57	131.50	170.37	186.43	200.86
58	136.84	177.49	194.35	209.70
59	142.51	185.03	202.77	219.12
60	148.59	193.18	211.90	229.32
61	154.87	201.64	221.43	240.01
62	161.28	210.29	231.22	251.04
63	168.14	219.58	241.75	262.89
64	175.80	229.94	253.44	275.99
65	184.60	241.80	266.76	290.81
66	193.95	254.42	280.90	306.50
67	203.63	267.51	295.56	322.74
68	214.51	282.18	311.94	340.83
69	227.46	299.55	331.27	362.04
70	243.36	320.71	354.77	387.66
71	262.44	346.16	383.06	418.51
72	284.13	375.15	415.32	453.74
73	308.06	406.97	450.63	492.10
74	333.85	440.88	488.05	532.38
75	361.14	476.19	526.63	573.30
76	389.01	511.73	565.18	613.67
77	417.73	547.99	604.29	654.29
78	448.64	586.69	645.81	697.02
79	483.11	629.56	691.56	743.68
80	522.47	678.34	743.34	796.12

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 60-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	32.10	37.90	40.00	41.50
41	33.23	39.40	41.63	43.24
42	34.47	41.06	43.43	45.16
43	35.83	42.86	45.39	47.26
44	37.31	44.80	47.51	49.54
45	38.90	46.90	49.80	52.00
46	40.59	49.12	52.22	54.61
47	42.37	51.45	54.78	57.36
48	44.29	53.95	57.51	60.32
49	46.35	56.65	60.47	63.51
50	48.60	59.60	63.70	67.00
51	51.02	62.79	67.19	70.76
52	53.60	66.20	70.90	74.76
53	56.35	69.83	74.86	79.03
54	59.28	73.69	79.09	83.60
55	62.40	77.80	83.60	88.50
56	65.70	82.12	88.37	93.69
57	69.18	86.66	93.39	99.16
58	72.84	91.44	98.69	104.96
59	76.71	96.51	104.31	111.12
60	80.80	101.90	110.30	117.70
61	84.92	107.37	116.39	124.43
62	89.05	112.90	122.56	131.28
63	93.49	118.85	129.20	138.65
64	98.52	125.56	136.68	146.92
65	104.40	133.40	145.40	156.50
66	110.75	141.86	154.81	166.81
67	117.37	150.70	164.64	177.60
68	124.87	160.68	175.73	189.71
69	133.85	172.56	188.88	203.99
70	144.90	187.10	204.90	221.30
71	158.17	204.58	224.16	242.11
72	173.25	224.49	246.11	265.86
73	189.95	246.41	270.22	291.82
74	208.03	269.92	295.93	319.27
75	227.30	294.60	322.70	347.50
76	247.05	319.57	349.63	375.58
77	267.43	345.12	377.07	404.00
78	289.47	372.55	406.39	434.13
79	314.25	403.18	438.95	467.34
80	342.80	438.30	476.10	505.00

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	41.73	49.27	52.00	53.95
41	43.20	51.22	54.12	56.21
42	44.81	53.38	56.46	58.71
43	46.58	55.72	59.01	61.44
44	48.50	58.24	61.76	64.40
45	50.57	60.97	64.74	67.60
46	52.77	63.86	67.89	70.99
47	55.08	66.89	71.21	74.57
48	57.58	70.14	74.76	78.42
49	60.26	73.65	78.61	82.56
50	63.18	77.48	82.81	87.10
51	66.33	81.63	87.35	91.99
52	69.68	86.06	92.17	97.19
53	73.26	90.78	97.32	102.74
54	77.06	95.80	102.82	108.68
55	81.12	101.14	108.68	115.05
56	85.41	106.76	114.88	121.80
57	89.93	112.66	121.41	128.91
58	94.69	118.87	128.30	136.45
59	99.72	125.46	135.60	144.46
60	105.04	132.47	143.39	153.01
61	110.40	139.58	151.31	161.76
62	115.77	146.77	159.33	170.66
63	121.54	154.51	167.96	180.25
64	128.08	163.23	177.68	191.00
65	135.72	173.42	189.02	203.45
66	143.98	184.42	201.25	216.85
67	152.58	195.91	214.03	230.88
68	162.33	208.88	228.45	246.62
69	174.01	224.33	245.54	265.19
70	188.37	243.23	266.37	287.69
71	205.62	265.95	291.41	314.74
72	225.23	291.84	319.94	345.62
73	246.94	320.33	351.29	379.37
74	270.44	350.90	384.71	415.05
75	295.49	382.98	419.51	451.75
76	321.17	415.44	454.52	488.25
77	347.66	448.66	490.19	525.20
78	376.31	484.32	528.31	564.37
79	408.53	524.13	570.64	607.54
80	445.64	569.79	618.93	656.50

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: 5% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	84.20	109.40	120.10	129.10
41	86.10	112.03	123.02	132.32
42	88.12	114.83	126.14	135.76
43	90.28	117.81	129.46	139.42
44	92.58	120.97	132.98	143.30
45	95.00	124.30	136.70	147.40
46	97.54	127.79	140.60	151.69
47	100.20	131.44	144.68	156.17
48	102.99	135.27	148.97	160.89
49	105.95	139.32	153.50	165.88
50	109.10	143.60	158.30	171.20
51	112.47	148.17	163.43	176.89
52	116.06	153.00	168.87	182.94
53	119.80	158.04	174.54	189.24
54	123.63	163.19	180.34	195.73
55	127.50	168.40	186.20	202.30
56	131.32	173.53	191.97	208.81
57	135.13	178.64	197.70	215.30
58	139.06	183.91	203.61	222.02
59	143.24	189.53	209.94	229.21
60	147.80	195.70	216.90	237.10
61	152.60	202.22	224.30	245.50
62	157.56	208.98	231.99	254.24
63	162.88	216.24	240.26	263.63
64	168.79	224.29	249.40	273.95
65	175.50	233.40	259.70	285.50
66	182.58	243.01	270.54	297.63
67	189.89	252.93	281.72	310.14
68	198.07	264.00	294.18	324.01
69	207.79	277.08	308.83	340.20
70	219.70	293.00	326.60	359.70
71	234.01	312.16	348.02	383.19
72	250.28	334.01	372.46	410.04
73	268.20	357.94	399.14	439.18
74	287.45	383.34	427.28	469.59
75	307.70	409.60	456.10	500.20
76	328.34	435.92	484.73	530.13
77	349.58	462.70	513.68	560.08
78	372.35	491.15	544.27	591.38
79	397.58	522.48	577.78	625.37
80	426.20	557.90	615.50	663.40

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	109.46	142.22	156.13	167.83
41	111.93	145.64	159.93	172.02
42	114.56	149.28	163.98	176.49
43	117.36	153.15	168.30	181.25
44	120.35	157.26	172.87	186.29
45	123.50	161.59	177.71	191.62
46	126.80	166.13	182.78	197.20
47	130.26	170.87	188.08	203.02
48	133.89	175.85	193.66	209.16
49	137.74	181.12	199.55	215.64
50	141.83	186.68	205.79	222.56
51	146.21	192.62	212.46	229.96
52	150.88	198.90	219.53	237.82
53	155.74	205.45	226.90	246.01
54	160.72	212.15	234.44	254.45
55	165.75	218.92	242.06	262.99
56	170.72	225.59	249.56	271.45
57	175.67	232.23	257.01	279.89
58	180.78	239.08	264.69	288.63
59	186.21	246.39	272.92	297.97
60	192.14	254.41	281.97	308.23
61	198.38	262.89	291.59	319.15
62	204.83	271.67	301.59	330.51
63	211.74	281.11	312.34	342.72
64	219.43	291.58	324.22	356.14
65	228.15	303.42	337.61	371.15
66	237.35	315.91	351.70	386.92
67	246.86	328.81	366.24	403.18
68	257.49	343.20	382.43	421.21
69	270.13	360.20	401.48	442.26
70	285.61	380.90	424.58	467.61
71	304.21	405.81	452.43	498.15
72	325.36	434.21	484.20	533.05
73	348.66	465.32	518.88	570.93
74	373.69	498.34	555.46	610.47
75	400.01	532.48	592.93	650.26
76	426.84	566.70	630.15	689.17
77	454.45	601.51	667.78	728.10
78	484.06	638.50	707.55	768.79
79	516.85	679.22	751.11	812.98
80	554.06	725.27	800.15	862.42

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: 3% Compound

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	50.00	62.30	67.20	71.20
41	51.58	64.47	69.58	73.79
42	53.30	66.81	72.16	76.59
43	55.14	69.31	74.92	79.59
44	57.10	71.97	77.86	82.79
45	59.20	74.80	81.00	86.20
46	61.41	77.77	84.30	89.78
47	63.73	80.87	87.76	93.53
48	66.18	84.15	91.43	97.50
49	68.80	87.65	95.33	101.74
50	71.60	91.40	99.50	106.30
51	74.60	95.44	103.97	111.20
52	77.79	99.73	108.72	116.41
53	81.14	104.24	113.70	121.90
54	84.62	108.91	118.87	127.61
55	88.20	113.70	124.20	133.50
56	91.83	118.52	129.59	139.48
57	95.53	123.41	135.08	145.57
58	99.37	128.49	140.78	151.92
59	103.44	133.88	146.85	158.68
60	107.80	139.70	153.40	166.00
61	112.30	145.75	160.22	173.66
62	116.90	151.95	167.22	181.56
63	121.82	158.61	174.73	190.03
64	127.30	166.02	183.08	199.40
65	133.60	174.50	192.60	210.00
66	140.29	183.51	202.71	221.22
67	147.21	192.86	213.20	232.84
68	154.98	203.33	224.92	245.77
69	164.24	215.71	238.73	260.92
70	175.60	230.80	255.50	279.20
71	189.25	248.94	275.68	301.20
72	204.79	269.61	298.69	326.32
73	221.91	292.28	323.86	353.67
74	240.35	316.42	350.49	382.33
75	259.80	341.50	377.90	411.40
76	279.66	366.74	405.27	440.06
77	300.12	392.50	433.05	468.92
78	322.09	419.93	462.48	499.20
79	346.51	450.21	494.78	532.15
80	374.30	484.50	531.20	569.00

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	65.00	80.99	87.36	92.56
41	67.05	83.81	90.45	95.93
42	69.29	86.85	93.81	99.57
43	71.68	90.10	97.40	103.47
44	74.23	93.56	101.22	107.63
45	76.96	97.24	105.30	112.06
46	79.83	101.10	109.59	116.71
47	82.85	105.13	114.09	121.59
48	86.03	109.40	118.86	126.75
49	89.44	113.95	123.93	132.26
50	93.08	118.82	129.35	138.19
51	96.98	124.07	135.16	144.56
52	101.13	129.65	141.34	151.33
53	105.48	135.51	147.81	158.47
54	110.01	141.58	154.53	165.89
55	114.66	147.81	161.46	173.55
56	119.38	154.08	168.47	181.32
57	124.19	160.43	175.60	189.24
58	129.18	167.04	183.01	197.50
59	134.47	174.04	190.91	206.28
60	140.14	181.61	199.42	215.80
61	145.99	189.48	208.29	225.76
62	151.97	197.54	217.39	236.03
63	158.37	206.19	227.15	247.04
64	165.49	215.83	238.00	259.22
65	173.68	226.85	250.38	273.00
66	182.38	238.56	263.52	287.59
67	191.37	250.72	277.16	302.69
68	201.47	264.33	292.40	319.50
69	213.51	280.42	310.35	339.20
70	228.28	300.04	332.15	362.96
71	246.03	323.62	358.38	391.56
72	266.23	350.49	388.30	424.22
73	288.48	379.96	421.02	459.77
74	312.46	411.35	455.64	497.03
75	337.74	443.95	491.27	534.82
76	363.56	476.76	526.85	572.08
77	390.16	510.25	562.97	609.60
78	418.72	545.91	601.22	648.96
79	450.46	585.27	643.21	691.80
80	486.59	629.85	690.56	739.70

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
53	30%	30%	30%	30%
54	30%	30%	30%	30%
55	30%	30%	30%	30%
56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
80	30%	30%	30%	30%

Adjustment Factors

Marital Discount:	20% off base rate if both purchase
Preferred Discount	20% off base rate
Maximum Discount	25% off base rate

Non Forfeiture Factors:

Issue Age	Factor
18-60	0.240
61	0.238
62	0.236
63	0.234
64	0.232
65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

Auto-Owners Life Insurance Company Long Term Care

Current and Proposed Rates

Rates shown are for a 90-day EP, single, Standard policyholder, and are per \$10 daily benefit

Coverage Level: 100% NHF, 100% HHC

Inflation Option: None

LTC2 - Current Rates

Issue Age	Benefit Period			
	2	4	6	10
18-40	30.80	36.20	38.20	39.60
41	31.87	37.60	39.74	41.26
42	33.05	39.14	41.44	43.08
43	34.33	40.82	43.28	45.06
44	35.71	42.64	45.26	47.20
45	37.20	44.60	47.40	49.50
46	38.77	46.68	49.65	51.93
47	40.43	48.87	52.02	54.48
48	42.19	51.22	54.56	57.21
49	44.11	53.75	57.30	60.17
50	46.20	56.50	60.30	63.40
51	48.46	59.46	63.54	66.89
52	50.88	62.60	66.99	70.62
53	53.46	65.94	70.68	74.59
54	56.20	69.50	74.61	78.84
55	59.10	73.30	78.80	83.40
56	62.16	77.31	83.23	88.24
57	65.36	81.53	87.89	93.34
58	68.74	85.98	92.82	98.74
59	72.31	90.70	98.04	104.48
60	76.10	95.70	103.60	110.60
61	79.93	100.78	109.26	116.85
62	83.80	105.90	115.00	123.21
63	87.94	111.41	121.17	130.05
64	92.63	117.63	128.12	137.72
65	98.10	124.90	136.20	146.60
66	103.99	132.75	144.92	156.16
67	110.13	140.97	154.04	166.16
68	117.07	150.24	164.31	177.38
69	125.38	161.26	176.48	190.60
70	135.60	174.70	191.30	206.60
71	147.88	190.84	209.11	225.84
72	161.84	209.22	229.43	247.79
73	177.29	229.44	251.71	271.78
74	194.01	251.10	275.45	297.11
75	211.80	273.80	300.10	323.10
76	230.05	296.78	324.88	348.95
77	248.90	320.32	350.12	375.11
78	269.26	345.54	377.04	402.78
79	292.05	373.58	406.84	433.18
80	318.20	405.60	440.70	467.50

LTC2 - Rates after proposed increase

Issue Age	Benefit Period			
	2	4	6	10
18-40	40.04	47.06	49.66	51.48
41	41.43	48.88	51.66	53.64
42	42.97	50.88	53.87	56.00
43	44.63	53.07	56.26	58.58
44	46.42	55.43	58.84	61.36
45	48.36	57.98	61.62	64.35
46	50.40	60.68	64.55	67.51
47	52.56	63.53	67.63	70.82
48	54.85	66.59	70.93	74.37
49	57.34	69.88	74.49	78.22
50	60.06	73.45	78.39	82.42
51	63.00	77.30	82.60	86.96
52	66.14	81.38	87.09	91.81
53	69.50	85.72	91.88	96.97
54	73.06	90.35	96.99	102.49
55	76.83	95.29	102.44	108.42
56	80.81	100.50	108.20	114.71
57	84.97	105.99	114.26	121.34
58	89.36	111.77	120.67	128.36
59	94.00	117.91	127.45	135.82
60	98.93	124.41	134.68	143.78
61	103.91	131.01	142.04	151.91
62	108.94	137.67	149.50	160.17
63	114.32	144.83	157.52	169.07
64	120.42	152.92	166.56	179.04
65	127.53	162.37	177.06	190.58
66	135.19	172.58	188.40	203.01
67	143.17	183.26	200.25	216.01
68	152.19	195.31	213.60	230.59
69	162.99	209.64	229.42	247.78
70	176.28	227.11	248.69	268.58
71	192.24	248.09	271.84	293.59
72	210.39	271.99	298.26	322.13
73	230.48	298.27	327.22	353.31
74	252.21	326.43	358.09	386.24
75	275.34	355.94	390.13	420.03
76	299.07	385.81	422.34	453.64
77	323.57	416.42	455.16	487.64
78	350.04	449.20	490.15	523.61
79	379.67	485.65	528.89	563.13
80	413.66	527.28	572.91	607.75

Rate increase (%)

Issue Age	Benefit Period			
	2	4	6	10
18-40	30%	30%	30%	30%
41	30%	30%	30%	30%
42	30%	30%	30%	30%
43	30%	30%	30%	30%
44	30%	30%	30%	30%
45	30%	30%	30%	30%
46	30%	30%	30%	30%
47	30%	30%	30%	30%
48	30%	30%	30%	30%
49	30%	30%	30%	30%
50	30%	30%	30%	30%
51	30%	30%	30%	30%
52	30%	30%	30%	30%
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56	30%	30%	30%	30%
57	30%	30%	30%	30%
58	30%	30%	30%	30%
59	30%	30%	30%	30%
60	30%	30%	30%	30%
61	30%	30%	30%	30%
62	30%	30%	30%	30%
63	30%	30%	30%	30%
64	30%	30%	30%	30%
65	30%	30%	30%	30%
66	30%	30%	30%	30%
67	30%	30%	30%	30%
68	30%	30%	30%	30%
69	30%	30%	30%	30%
70	30%	30%	30%	30%
71	30%	30%	30%	30%
72	30%	30%	30%	30%
73	30%	30%	30%	30%
74	30%	30%	30%	30%
75	30%	30%	30%	30%
76	30%	30%	30%	30%
77	30%	30%	30%	30%
78	30%	30%	30%	30%
79	30%	30%	30%	30%
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65	0.230
66	0.226
67	0.222
68	0.218
69	0.214
70	0.210
71	0.204
72	0.198
73	0.192
74	0.186
75	0.180
76	0.173
77	0.166
78	0.159
79	0.152
80	0.145

Modal Factors Applied to Annual Premiums:

Semi-Annual	0.520
Quarterly	0.265
Monthly	0.086

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance/Readability
Comments:	Certification of Compliance/Readability is attached.
Attachment(s):	Certification of Compliance-Readability.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2022

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Long-Term-Care-Rate-Revision-Checklist- signed.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2022

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA LTC2 Memorandum v3 - signed.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2023

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	ltcratereq_sum.pdf Increase Narrative.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2023

Satisfied - Item:	Policyholder Communications - Statement of Variability
Comments:	
Attachment(s):	Statement of Variability - VA.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2023

Satisfied - Item:	Exhibit 1 - Loss Ratio Exhibit
Comments:	
Attachment(s):	Exhibit 1 - Loss Ratio Exhibit.pdf
Item Status:	Received & Acknowledged

State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care Product		
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01		

Status Date:	03/21/2023
Satisfied - Item:	Simplified MN and TX Approach
Comments:	
Attachment(s):	Simplified TX Approach.xlsx Simplified MN Approach v2.xlsx Loss Ratio Exhibit - Expected using Original Assumptions.pdf Loss Ratio Exhibit - No NF Pols.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2023
Satisfied - Item:	Rate Request History by State
Comments:	
Attachment(s):	LTC RATE HISTORY BY STATE_20211109.xlsx
Item Status:	Received & Acknowledged
Status Date:	11/02/2022
Satisfied - Item:	Additional Information
Comments:	
Attachment(s):	Assumption Ratio Exhibit.pdf Assumption Attribution of Indicated Change.pdf Loss Ratio Exhibit - Objection 7.pdf Anticipated Loss Ratio.pdf
Item Status:	Received & Acknowledged
Status Date:	11/02/2022
Satisfied - Item:	Policyholder Communications - John Doe Format
Comments:	
Attachment(s):	62510 (11-20) - John Doe.PDF 62556 (4-22) - John Doe.pdf 62560 (7-22) - John Doe.PDF
Item Status:	Received & Acknowledged
Status Date:	03/21/2023
Satisfied - Item:	Long-Term Care Insurance Policy Data Page
Comments:	The Policy Data page, form 50135 (1-02), was filed and approved on December 15, 2003.
Attachment(s):	50135 (1-02) - Policy Data Page.pdf
Item Status:	Received & Acknowledged
Status Date:	03/21/2023

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

SERFF Tracking #:	AOIC-132726214	State Tracking #:	AOIC-132726214	Company Tracking #:	LTC-VA-02-03/01/2022-01
State:	Virginia	Filing Company:	Auto-Owners Life Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	Long-Term Care Product				
Project Name/Number:	Rate Increase Filing/LTC-VA-02-03/01/2022-01				

Attachment Simplified TX Approach.xlsx is not a PDF document and cannot be reproduced here.

Attachment Simplified MN Approach v2.xlsx is not a PDF document and cannot be reproduced here.

Attachment LTC RATE HISTORY BY STATE_20211109.xlsx is not a PDF document and cannot be reproduced here.

Certificate of Compliance/Readability

August 3, 2022

The Flesch reading ease scores of the submitted forms are as follows:

<u>Form Number/Title</u>	<u>Flesch Score</u>
• 62556 (4-22) - Long-Term Care Insurance Policyholder Rate Increase Letter	52.722
• 62560 (7-22) - Long-Term Care Insurance Premium Reduction Selection Form	42.884
• 62510 (11-20) - Important Notice Regarding Long-Term Care Insurance Premium Rate Increase	44.777

Review of forms 62560 (7-22) and 62510 (11-20) resulted in Flesch scores less than the required score of 50. The following were excluded from the Flesch score calculation:

- Name, address and phone number of Company
- Name and address of the policyholder
- Name of the policy
- Agency Name and Agency Code
- Words/Phrases defined/identified in the policy:
 - Elimination Period(s)
 - Benefit Period(s)
 - Contingent Non-Forfeiture Benefit
 - Maximum Lifetime Benefit
 - Daily Benefit Amount(s)
 - Non-Forfeiture Benefit Rider
 - Compound Benefit Increase Rider

At this time, we respectfully request an exception to the Flesch reading score of 50 (as required per 14 VAC 5-101-70). An exception is being requested based on the fact that the verbiage used for these documents was drafted to conform to the requirements of Virginia law. Furthermore, the format of the bottom half of form 62560 (7-22) was structured in such a way as to not lend itself to official "sentences." This lack of sentences significantly increased the Flesch score.

I represent that a review of the enclosed forms has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.



Signature of Officer

Gayle A. Fisher

Printed Name

Vice President, Life Operations

Title

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

NOTE: This document is intended to assist carriers in preparing LTCI rate increase filings for review and approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. Note that some regulatory references in the Comments column are approximate. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
Source of Filing	14 VAC 5-101-40	Filings shall be submitted in SERFF. Third-party filing authorization must be included.	Acknowledged
	14VAC5-101-50 C 1	Filing description must include the type of insurance form, including a description of the form and the market for which the form is intended; and intentions to concentrate on a specialized market should be noted.	Acknowledged
	14VAC5-101-50 C 2	Filing description must include the form number of each form that is being filed.	Acknowledged
General Information Filing Description	14VAC5-101-50 C 3	Filing description must state whether submitted form is new, or if replacing, revising, or modifying a previously approved form, the exact changes that are intended.	Acknowledged
	14VAC5-101-50 C 4	Filing description must identify any change in benefits and indicate whether the change affects premium rates for the form.	Acknowledged
	14VAC5-101-50 C 5	Filing description must state if approval of a form submitted has been withdrawn by another regulatory body and the reasons for such a withdrawal.	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-50 F	Any form filed that is to be used with a previously approved form, including an application, shall identify the form number, approval date, and SERFF or state tracking number in the new filing.	Acknowledged
	14VAC5-101-50 G	Any amendment, endorsement, or rider that intends to revise a previously approved form shall be accompanied by the previously approved form filed as supporting documentation.	Acknowledged
Form Number	14VAC5-101-60 1	Form Number must appear in the lower left-hand corner of the first page of the form. It shall consist of numbers, letters, or a combination of both. The form number shall distinguish the form from all other forms used by the company.	Acknowledged
Company Name and Address	14VAC5-101-60 2	Full and proper name (including "Inc.") must appear prominently on first page or cover sheet of all forms. Home office address must be included on first page of any policy, application, or enrollment form.	Acknowledged
Marketing Name or Logo	14VAC5-101-60 3	A marketing name or logo also may be used on the form, provided that the marketing name or logo does not mislead as to the identity of the company.	Acknowledged
	14VAC5-101-60 4	The cover page of a policy also shall include the address of an office that will administer the policy if different from the home office, a company telephone number, and company website address.	Acknowledged
Final Form	14VAC5-101-60 5	Form must be submitted in "final form" and in "John Doe fashion" to indicate its intended use.	Acknowledged
Electronic Version	14VAC5-101-60 6	Each form that is to be used in an electronic version shall be filed in a format that matches the electronic version exactly.	Acknowledged
Readability	14VAC5-101-70 A	Each form submitted for review or approval shall be written in simplified language, logically and clearly arranged, and printed in a legible format.	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCES	COMMENTS	FILER'S NOTES
	14VAC5-101-70 C	Defined words and terms shall be placed in a separate definition section that is clearly identified, unless only used in one section.	Acknowledged
Type Size	14VAC5-101-70 E	Any form submitted for review or approval shall be printed in at least 10-point type size.	Acknowledged
	14VAC5-101-70 F	Any policy shall achieve a minimum Flesch reading ease score of 50 or an equivalent score using another comparable test, unless otherwise specified by statute, or an exception requested pursuant to 14 VAC 5-101-70 G.	Acknowledged
Variability	14VAC5-101-80	<p>A. Use of variable bracketed information shall be limited. All variable information shall be clear, easily understood and fully explain each use of the variable language.</p> <p>B. Administrative information, such as officer names, titles and signatures, contact information, or company logo may be presented as variable bracketed text.</p> <p>C. Different types of benefits may be variable only for inclusion or exclusion within the form. The use of brackets within brackets is not permitted, except when variability is necessary to identify a period of time or other numeric value.</p> <p>D. Each instance of variable text shall appear in brackets on a form and shall be separately and completely explained in detail in a Statement of Variability document. Each explanation of variability shall appear in the same order that it appears on the form.</p> <p>E. Requests for revisions to a Statement of Variability contained in a previously approved filing shall be accomplished by notification in the original filing.</p>	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
Filing a Rate Revision	14 VAC 5-130-70 A	(i) New rate sheet;	Rate/Rule "LTC2 Rate Pages.pdf"
		(ii) All information required by SERFF.	Acknowledged
	14 VAC 5-130-70 B	Actuarial Memorandum	"VA LTC2 Memorandum.pdf"
	14VAC5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	Memo Page 1
	14VAC5-130-70 B 2	The scope and reason for the premium or rate revision.	Memo Page 1
	14VAC5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Rate/Rule "LTC2 Rate Pages.pdf"
	14VAC5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	Memo Page 3
	14VAC5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) Average overall change, including a detailed explanation of how the change was determined.	Included in Memo
	14VAC5-130-70 B 6	<i>The following is applicable to all coverage with the exception of coverage issued in the small group market:</i> (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and	Projections in Loss Ratio Exhibit

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(iii) If blended, provide the credibility factor assigned to the national experience.	National Basis
	14VAC5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	No previous rate revisions
	14VAC5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	Memo Page 3
	14VAC5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.	Closed Block
	14VAC5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	Loss Ratio Exhibit
	14VAC5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	Memo Page 12
	14VAC5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.	Acknowledged
	14VAC5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such	Memo Page 12

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		members in the year immediately prior to the filing of the rate revision.	
	14VAC5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	Memo Page 18
Policyholder Letter Review	14VAC5-200-75 A	Other than policies for which no applicable premium rate or rate schedule increases can be made, insurers shall provide all of the information listed in this subsection to the applicant at the time of application or enrollment, unless the method of application does not allow for delivery at that time. In such a case, an insurer shall provide all the information listed in this section to the applicant no later than at the time of delivery of the policy or certificate.	Acknowledged
	14VAC5-200-75 A 1	A statement that the policy may be subject to rate increases in the future;	"Long Term Care Potential Rate Increase Disclosure 62077.pdf"
	14VAC5-200-75 A 2	An explanation of potential future premium rate revisions, and the policyholder's or certificateholder's option in the event of a premium rate revision;	"Long Term Care Potential Rate Increase Disclosure 62077.pdf"
	14VAC5-200-75 A 3	The premium rate or rate schedules applicable to the applicant that will be in effect until a request is made for an increase;	"Rate Increase Letter - 2-1-21v.pdf"
	14VAC5-200-75 A 4	A general explanation for applying premium rate or rate schedule adjustments that shall include: a. A description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.); and b. The right to a revised premium rate or rate schedule as provided in subdivision 2 of this subsection if the premium rate or rate schedule is changed;	"Rate Increase Letter - 2-1-21v.pdf"

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-75 D	An insurer shall provide notice of an upcoming premium rate schedule increase to all policyholders or certificate holders, if applicable, at least 75 days prior to the implementation of the premium rate schedule increase by the insurer. Such notice shall be filed with the commission at the time the premium rate increase is filed. The notice shall include at least the following information:	"Rate Increase Letter - 2-1-21v.pdf" and "62510 (11-20) - VA.pdf"
	14VAC5-200-75 D 1	All applicable information identified in subsection A of this section when the rate increase is implemented;	Acknowledged
Policyholder Options	14VAC5-200-75 D 2	A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including: a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183; b. A disclosure stating that all options available to the policyholder may not be of equal value; c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections; and d. Contact information that will allow the policyholder to contact the insurer for additional options available;	"62508 (11-20).pdf"
	14VAC5-200-75 D 3	A clear identification of the driving factors of the premium rate increase; and	"62510 (11-20) - VA.pdf"
	14VAC5-200-75 D 4	A statement substantially similar to the following: The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available	"62510 (11-20) - VA.pdf"

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI .	
Pre-Rate Stability	14VAC5-200-150 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.	No policies applicable policies
Reasonableness of Benefits	14VAC5-200-150 B	Benefits under individual long-term care insurance policies shall be deemed reasonable in relation to premiums provided the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule plus: (i) 80% applied to any premium rate increase for individual policy forms or, (ii) 75% applied to any premium rate increase on group policy forms.	Acknowledged
		In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:	Acknowledged
	14VAC5-200-150 B 1	Statistical credibility of incurred claims experience and earned premiums.	Acknowledged
	14VAC5-200-150 B 2	The period for which rates are computed to provide coverage.	Acknowledged
	14VAC5-200-150 B 3	Experienced and projected trends;	Acknowledged
	14VAC5-200-150 B 4	Concentration of experience within early policy duration;	Acknowledged
	14VAC5-200-150 B 5	Expected claim fluctuation;	Acknowledged
	14VAC5-200-150 B 6	Experience refunds, adjustments or dividends.	Acknowledged
	14VAC5-200-150 B 7	Renewability features;	Acknowledged
	14VAC5-200-150 B 8	All appropriate expense factors;	Acknowledged
	14VAC5-200-150 B 9	Interest;	Acknowledged
	14VAC5-200-150 B 10	Experimental nature of the coverage;	Acknowledged
	14VAC5-200-150 B 11	Policy reserves;	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
	14VAC5-200-150 B 12	Mix of business by risk classification; and	Acknowledged
	14VAC5-200-150 B 13	Product features such a long elimination periods, high deductibles and high maximum limits.	Acknowledged
		Demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms, Chapter 130 (14 VAC 5-130) of this title. All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia.	Acknowledged
	14VAC5-200-150 C	Any insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The entire series mat be approved at one time as part of the current rate increase filing.	Acknowledged
	14VAC5-200-150 D	As a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required, a contingent benefit upon lapse provision will be required in accordance with 14VAC5-200-185 D. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases will trigger the offering of a contingent benefit upon lapse, the insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	Acknowledged
	14VAC5-200-150 E	All submissions shall include information required by 14VAC5-200-75.	Acknowledged
Long-Term Care Insurance Funded by Life Insurance	14VAC5-200-150 F	A life insurance policy that funds long-term care benefits entirely by accelerating the death benefit is considered to provide reasonable benefits in relation to	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		premiums paid, if the policy complies with all the following provisions:	Acknowledged
	14VAC5-200-150 F 1	The interest credited internally to determine cash value accumulations, including long term care, if any, are guaranteed not to be less than the minimum guaranteed interest rate for cash value accumulations without long-term care set forth in the policy;	Acknowledged
	14VAC5-200-150 F 2	The portion of the policy that provides life insurance benefits meets the nonforfeiture requirements of Chapter 32 (§ 38.2-3200 et seq.) of Title 38.2 of the Code of Virginia;	Acknowledged
	14VAC5-200-150 F 3	If an application for a long-term care insurance contract or certificate is approved, the issuer shall deliver the contract or certificate of insurance to the applicant no later than 30 days after the date of approval;	Acknowledged
	14VAC5-200-150 F 4	At the time of policy delivery, a policy summary shall be delivered for an individual life insurance policy that provides long-term care benefits within the policy or by rider. In the case of direct response solicitations, the insurer shall deliver the policy summary upon the applicant's request, but regardless of request shall make delivery no later than at the time of policy delivery. In addition to complying with all applicable requirements, the summary shall also include:	Acknowledged
		a. An explanation of how the long-term care benefit interacts with other components of the policy, including deductions from death benefits;	Acknowledged
		b. An illustration of the amount of benefits, the length of benefit, and the guaranteed lifetime benefits, if any, for each covered person;	Acknowledged
		c. Any exclusions, reductions and limitations on benefits of long-term care;	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. A statement that any long-term care inflation protection option required by 14VAC5-200-100 is not available under this policy;	Acknowledged
		e. If applicable to the policy type, the summary shall also include: (1) A disclosure of the effects of exercising other rights under the policy; (2) A disclosure of guarantees related to long-term care costs of insurance charges; and (3) Current and projected maximum lifetime benefits; and	Acknowledged
		f. The provisions of the policy summary listed above may be incorporated into a basic illustration or into the life insurance policy summary;	Acknowledged
	14VAC5-200-150 F 5	Any time a long-term care benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status, a monthly report shall be provided to the policyholder. The report shall include:	Acknowledged
		a. Any long-term care benefits paid out during the month;	Acknowledged
		b. An explanation of any changes in the policy (e.g., death benefits or cash values) due to long-term care benefits being paid out; and	Acknowledged
		c. The amount of long-term care benefits existing or remaining;	Acknowledged
	14VAC5-200-150 F 6	Any policy illustration that meets the applicable requirements of 14VAC5-41; and	Acknowledged
	14VAC5-200-150 F 7	An actuarial memorandum is filed with the Bureau of Insurance that includes:	Acknowledged
		a. A description of the basis on which the long-term care rates were determined;	Acknowledged
		b. A description of the basis for the reserves;	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		c. A summary of the type of policy, benefits, renewability, general marketing method, and limits on ages of issuance;	Acknowledged
		d. A description and a table of each actuarial assumption used. For expenses, an insurer must include percentage of premium dollars per policy and dollars per unit of benefits, if any;	Acknowledged
		e. A description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives;	Acknowledged
		f. The estimated average annual premium per policy and the average issue age;	Acknowledged
		g. A statement as to whether underwriting is performed at the time of application. The statement shall indicate whether underwriting is used and, if used, the statement shall include a description of the type or types of underwriting used, such as medical underwriting or functional assessment underwriting. Concerning a group policy, the statement shall indicate whether the enrollee or any dependent will be underwritten and when underwriting occurs; and	Acknowledged
		h. A description of the effect of the long-term care policy provision on the required premiums, nonforfeiture values and reserves on the underlying life insurance policy, both for active lives and those in long-term care claim status.	Acknowledged
Post-Stability Policies	14VAC5-200-153 A	This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth on or after October 1, 2003, but prior to September 1, 2015.	Acknowledged
	14VAC5-200-153 B	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		exceptional increase, prior to the notice to the policyholders and shall include:	
	14VAC5-200-153 B 1	Information required by 14VAC5-200-75;	Acknowledged
	14VAC5-200-153 B 2	Certification by a qualified actuary that:	
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	Memo Section 18 #4
		b. The premium rate filing is in compliance with the provisions of this section;	Acknowledged
	14VAC5-200-153 B 3	An actuarial memorandum justifying the rate schedule change request that includes:	
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	Acknowledged
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	Acknowledged
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	Acknowledged
		(3) The projections shall demonstrate compliance with subsection C of this section; and	Acknowledged
		(4) For exceptional increases,	Non-exceptional
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	Non-exceptional

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	Non-exceptional
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	Non-exceptional
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	Non-exceptional
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	Non-exceptional
		e. If it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	Non-exceptional
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	Non-exceptional
	14VAC5-200-153 B 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	Closed book
	14VAC5-200-153 B 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	Acknowledged
Series Rate Increases		An insurer may request a series of scheduled rate increases that are actuarially equivalent to a single amount requested over the lifetime of the policy. The	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		entire series may be approved at one time as part of the current rate increase filing. The insurer shall be required to include contingent benefit upon lapse at the time of each scheduled increase.	
		The insurer may request a premium rate schedule increase less than what is required under this section and the commission may approve such premium rate schedule increase, without submission of the certification in subdivision 2 a of this subsection, if the actuarial memorandum discloses the premium rate schedule increase necessary to make such certification required, the premium rate schedule increase filing satisfies all other requirements of this section, and is, in the opinion of the commission, in the best interest of policyholders.	Acknowledged
	14VAC5-200-153 C	All premium rate schedule increases shall be determined in accordance with the following requirements:	Non-exceptional
Exceptional Increases	14VAC5-200-153 C 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	Non-exceptional
	14VAC5-200-153 C 2	Premium rate schedule increases shall be calculated such that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:	Loss Ratio Exhibit
		a. The accumulated value of the initial earned premium times 58%;	Loss Ratio Exhibit
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Loss Ratio Exhibit
		c. The present value of future projected initial earned premiums times 58%; and	Loss Ratio Exhibit

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Loss Ratio Exhibit
	14VAC5-200-153 C 3	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	Non-exceptional
	14VAC5-200-153 C 4	All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Acknowledged
	14VAC5-200-153 D	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection K of this section, the projections required by subdivision B 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	Acknowledged
	14VAC5-200-153 E	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision B 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection D of	Acknowledged

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		this section. For group insurance policies that meet the conditions in subsection K of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	
Premium Rate Increases for Policies Issued After September 1, 2015.	14VAC5-200-154 A	An insurer shall request the commission's approval of a pending premium rate schedule increase, including an exceptional increase, prior to the notice to the policyholders and shall include:	N/A
	14VAC5-200-154 A 1	Information required by 14VAC5-200-75;	N/A
	14VAC5-200-154 A 2	Certification by a qualified actuary that:	N/A
		a. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated; and	N/A
		b. The premium rate filing is in compliance with the provisions of this section;	N/A
	14VAC5-200-154 A 3	An actuarial memorandum justifying the rate schedule change request that includes:	N/A
		a. Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase and the method and assumptions used in determining the projected values, including reflection of any assumptions that deviate from those used for pricing other forms currently available for sale;	N/A
		(1) Annual values for the five years preceding and the three years following the valuation date shall be provided separately;	N/A
		(2) The projections shall include the development of the lifetime loss ratio, unless the rate increase is an exceptional increase;	N/A

Revision to Long-Term Care Insurance (LTCI) Rates Checklist
Virginia 1st Edition July 2001
Updated: October 2020

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		(3) The projections shall demonstrate compliance with subsection B of this section; and	N/A
		(4) For exceptional increases:	N/A
		(a) The projected experience should be limited to the increases in claims expenses attributable to the approved reasons for the exceptional increase; and	N/A
		(b) In the event the commission determines as provided in the definition of exceptional increase in 14VAC5-200-40 that offsets may exist, the insurer shall use appropriate net projected experience;	N/A
		b. Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse;	N/A
		c. Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary;	N/A
		d. A statement that policy design, underwriting, and claims adjudication practices have been taken into consideration;	N/A
		e. In the event that it is necessary to maintain consistent premium rates for new policies and policies receiving a rate increase, the insurer will need to file composite rates reflecting projections of new policies; and	N/A
		f. A demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted;	N/A
	14VAC5-200-154 A 4	A statement that renewal premium rate schedules are not greater than new business premium rate schedules	N/A

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		except for differences attributable to benefits, unless sufficient justification is provided to the commission; and	N/A
	14VAC5-200-154 A 5	Sufficient information for review and approval of the premium rate schedule increase by the commission.	N/A
	14VAC5-200-154 B	All premium rate schedule increases shall be determined in accordance with the following requirements:	Acknowledged
Exceptional Increases	14VAC5-200-154 B 1	Exceptional increases shall provide that 70% of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;	Non-exceptional
	14VAC5-200-154 B 2	Premium rate schedule increases shall be calculated such that the sum of the lesser of (i) the accumulated value of actual incurred claims, without the inclusion of active life reserves, or (ii) the accumulated value of historic expected claims without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of actual life reserves, will not be less than the sum of the following:	Loss Ratio Exhibit
		a. The accumulated value of the initial earned premium times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;	Loss Ratio Exhibit
		b. 85% of the accumulated value of prior premium rate schedule increases on an earned basis;	Loss Ratio Exhibit
		c. The present value of future projected initial earned premiums times the greater of (i) 58% and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and	Loss Ratio Exhibit

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		d. 85% of the present value of future projected premiums not in subdivision 2 c of this subsection on an earned basis;	Loss Ratio Exhibit
	14VAC5-200-154 B 3	Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force policies at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;	Requirement 14VAC5-200-154 B 3.pdf
	14VAC5-200-154 B 4	In the event that a policy form has both exceptional and other increases, the values in subdivisions 2 b and d of this subsection will also include 70% for exceptional rate increase amounts; and	No Exceptional Increase
	14VAC5-200-154 B 5	All present and accumulated values used to determine rate increases, including the lifetime loss ratio consistent with the original filing reflecting margins for moderately adverse experience, shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages.	Acknowledged
	14VAC5-200-154 C	For each rate increase that is implemented, the insurer shall file for approval by the commission updated projections, as defined in subdivision A 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	FILER'S NOTES
		commission may extend the period to greater than three years if actual results are not consistent with projected values from prior projections. For group insurance policies that meet the conditions in subsection J of this section, the projections required by subdivision A 3 a of this section shall be provided to the policyholder in lieu of filing with the commission.	
	14VAC5-200-154 D	If any increased premium rate in the revised premium rate schedule is greater than 200% of the comparable rate in the initial premium schedule, the premiums exceeding 200% shall be clearly identified and lifetime projections, as defined in subdivision A 3 a of this section, shall be filed for approval by the commission every five years following the end of the required period in subsection C of this section. For group insurance policies that meet the conditions in subsection J of this section, the projections required by this subsection shall be provided to the policyholder in lieu of filing with the commission.	Acknowledged

Review Requirements Checklist
FOR REVISION TO LONG-TERM CARE INSURANCE (LTCI) RATES

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Rates Section of the Life and Health Division reviews long-term care insurance rate revisions . Please contact the assigned rates examiner or this section directly at (804) 371-9348 if you have questions or need additional information about this line of insurance.

The Flesch reading ease score of the filed policy form is NA.

I represent that a review of the enclosed form has been conducted, and I certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the applicable rules and regulations. I understand that a failure to comply with these requirements will result in a disapproval of the filing.

I hereby certify that I have reviewed the attached revision to the long-term care insurance rate filing and determined that it is in compliance with the Revision to Long-Term Care Insurance (LTCI) Rates checklist.

Signed: Karen Leiby Digitally signed by Karen Leiby
Date: 2021.11.12 12:14:51 -05'00'

Name (please print): Karen Leiby Title: Senior Assistant Actuary

Company Name: Auto-Owners Insurance Company

Date: 11/12/2021 Phone No: () 517-703-2408

E-Mail Address: Leiby.Karen@aoins.com

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

<u>Product Name</u>	<u>Form Number</u>	<u>Issue Date Range</u>
LTC2: Basic/Intermediate/Advanced	Base Policy 50389 (12-02) Inflation Protection Rider – Annual 3% Compounded 61271 (4-06) Inflation Protection Rider – Annual 5% Compounded 50129 (10-01) Non-forfeiture Benefit – Shortened Benefit Period Rider 50391 (12-02) Non-forfeiture Benefit – Shortened Benefit Period Rider 50391 (10-05) Non-forfeiture Benefit – Shortened Benefit Period Rider 50391 (4-06)	07/23/2004 - 10/01/2014

1. Scope & Purpose

This memorandum consists of materials which support the development of new premium rates for the above captioned Policy series forms. The purpose of this memorandum is to demonstrate that the requirements of this State in regards to an inforce rate increase request have been met. This rate filing is not intended to be used for any other purpose.

The policy forms affected by this filing are:

Base Policy 50389 (12-02)

Inflation Protection Rider – Annual 3% Compounded 64271 (4-06)

Inflation Protection Rider – Annual 5% Compounded 50129 (10-01)

Non-forfeiture Benefit – Shortened Benefit Period Rider 50391 (12-02)

Non-forfeiture Benefit – Shortened Benefit Period Rider 50391 (10-05)

Non-forfeiture Benefit – Shortened Benefit Period Rider 50391 (4-06)

2. Benefit Description

Premium rates are unisex, level and based on issue age. This is an indemnity plan – upon proof of loss and satisfaction of the elimination period, benefits are paid out at the daily benefit amount chosen for each day that benefits are used. This product is intended to meet the requirements of HIPAA and be a Tax Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code section 7702B(b) and therefore receive favorable tax treatment. Issue ages are 18-80.

This policy provides a daily indemnity benefit for costs associated with qualified long term care services provided in a facility or community-based setting. The policy uses the Chronic Illness definition required to be tax-qualified and requires a written plan of care by a licensed health care professional.

A. Plan Parameters

The insured has a choice of a 30, 60 or 90 day elimination period. The elimination period needs to be satisfied only once in a lifetime.

The insured has a choice of a 2 year, 4 year, 6 year, or 10 year benefit period. The plan utilizes a pool of money approach. The lifetime maximum benefit is equal to the (daily benefit amount) x (365) x (benefit period). For example, an insured selecting a \$100 daily benefit amount with a 4-year benefit period would have a lifetime maximum benefit of \$146,000 (100 x 365 x 4). All benefits paid under the policy, except for the waiver of premium benefit, apply towards the lifetime maximum benefit.

There are 3 levels of coverage available. They are Nursing Home Only, Nursing Home with 50% Home Care, and Nursing Home with 100% Home Care. The daily benefit amounts available are from \$50 to \$500, in increments of \$10; however, state minimum values may apply.

B. Benefit Triggers

To qualify for benefits under this policy form, a licensed health care practitioner must certify within the prior 12-month period that the insured is chronically ill. The definition of chronically ill requires that the insured: 1) is unable to perform, without substantial assistance from another individual, at least 2

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

activities of daily living for a period of at least 90 days due to loss of functional capacity, or 2) requires substantial supervision to be protected from threats to health and safety due to severe cognitive impairment. Activities of daily living include bathing, dressing, toileting, transferring, eating, and continence.

Covered services must be part of a written plan of care initiated by and approved by a licensed health care practitioner. The plan of care must specify services for the insured that are in accordance with accepted medical and nursing standards of practice. The plan of care will be updated periodically.

C. Benefits

1. Nursing Home Care

Benefits are provided while the insured is confined as a resident in a Skilled Nursing Facility, an Assisted Living Facility, a Hospice Facility, or an Alzheimer's Facility.

2. Home Care

If chosen as a plan option, benefits will be provided while the insured is receiving Professional Home Care Services. Benefits will also be provided for an Adult Day Care Facility. Home health care services must be personal care provided by a licensed home health care agency.

3. Bed Reservation Guarantee

Facility benefits will be provided for days charged to an insured by a Skilled Nursing Facility, an Assisted Living Facility, or an Alzheimer's Facility to reserve their bed if they temporarily leave the facility while eligible for benefits will be covered. These benefits will be provided for up to 7 days per calendar year for Nursing Home with No Home Care, 14 days per calendar year for Nursing Home with 50% Home Care, and 21 days per calendar year for Nursing Home with 100% Home Care.

4. Waiver of Premium

Premiums will be waived after the elimination period is satisfied and the insured qualifies for benefits under the policy. The insured must resume premium payments when they are no longer eligible for benefits.

5. Limitations and Exclusions

This policy does not pay a daily benefit when:

- care is provided by Immediate Family members or for which the insured is not obligated to pay;
- care is provided outside the United States of America or its possessions;
- care is given for which no charge is normally made in the absence of insurance;
- care results directly or indirectly from an intentionally self-inflicted injury;
- care is provided free of charge by or in a Veteran's Administration or federal government facility;
- care from mental illness or nervous disorders without demonstrable organic disease. (This policy will cover disorders with demonstrable organic cause such as Alzheimer's disease or similar forms of senility or irreversible dementia that results in Severe Cognitive Impairment);
- care results from alcoholism or drug addiction, (but We will cover addiction to drugs administered in accordance with the advice and written instructions of a physician);
- illness, treatment, or medical condition results from war or act of war, declared or undeclared.
- illness; treatment, or medical condition is caused by the commission of a crime;
- care is given during a period of time while incarcerated;
- care is provided during the Elimination Period;
- care is not included in the Plan of Care;
- care given does not qualify as Long Term Care.

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

D. Optional Riders

1. Inflation Protection Rider Compounded at 5%

The optional Inflation Protection Rider provides that the maximum daily benefit and the unused lifetime maximum benefit will increase 5% (compounded) on every anniversary of the effective date of the policy.

2. Inflation Protection Rider Compounded at 3%

The optional Inflation Protection Rider provides that the maximum daily benefit and the unused lifetime maximum benefit will increase 3% (compounded) on every anniversary of the effective date of the policy.

3. Non-Forfeiture Benefit Rider

The optional Non-Forfeiture Benefit rider is in the form of a shortened benefit period. If the policy has been inforce for at least 3 years and premiums are discontinued while this rider is inforce, the full amount of the daily benefits covered in the policy will be provided with a reduced lifetime maximum benefit. No further premium payments are due.

The reduced lifetime maximum benefit is equal to 100% of the premiums that were paid for the policy and any attached riders less any benefits paid, but will not be less than 30 times the maximum daily benefit in effect at the time of lapse. However, in no case will the reduced lifetime maximum benefit exceed the unused lifetime maximum benefit just prior to lapse.

If the policy has inflation coverage, the daily benefit amount will cease to inflate beyond the non-forfeiture date.

3. Renewability

All policy forms are guaranteed renewable.

4. Applicability

This filing is applicable to inforce policies only, as these policy forms are no longer being sold. The premium changes will apply to the base rates only.

5. Actuarial Assumptions

Morbidity

The morbidity assumptions were derived by Oliver Wyman, using industry data and a proprietary database with additional considerations made to better reflect our past experience.

Base Rates Comprehensive	NHF	HHC	Base Rates NHF Only	NHF
Attained age	Per 1000	Per 1000	Attained age	Per 1000
0-65	1	2	0-65	1
66	1	2	66	1
67	1	2	67	1
68	1	2	68	1
69	1	2	69	1
70	1	3	70	1
71	2	4	71	3
72	3	5	72	5
73	4	6	73	7

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

74	5	7	74	8
75	6	8	75	10
76	7	9	76	12
77	9	10	77	15
78	11	10	78	19
79	15	13	79	25
80	17	16	80	30
81	20	19	81	34
82	23	22	82	39
83	28	24	83	48
84	33	29	84	56
85	38	35	85	65
86	44	41	86	75
87	50	48	87	85
88	57	55	88	96
89	63	62	89	108
90	70	68	90	120
91	78	74	91	132
92	85	79	92	144
93	92	83	93	156
94	99	85	94	168
95+	105	86	95+	179

Adjustments	Situs	
Gender	NHF	HHC
M	83%	94%
F	111%	104%

	Situs	
EP	NHF	HHC
0-30	127%	192%
60+	100%	84%

	BP	
Attained age	10-year BP	Less than 10-year BP
0-85	113%	95%
86	110%	96%
87	108%	97%
88	105%	98%
89	103%	99%
90+	100%	100%

Married	Incidence factor
M	90%
S	108%

Duration	Incidence factor
1	12%
2	25%
3	30%
4	36%
5	40%
6	43%
7	49%
8	55%
9	58%
10	62%
11	63%
12	64%
13	66%
14	67%
15	68%
16	70%
17	71%
18	74%
19	76%
20	78%
21	79%
22	81%
23	83%
24	85%
25	87%
26	89%
27	92%
28	94%
29	96%
30	97%
31+	100%

Voluntary Lapses

The voluntary lapse rates were derived by Oliver Wyman from a study of industry data and a proprietary database with additional considerations made to better reflect our past experience.

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Duration	Base rate	Benefit richness adjustment		
		less than 10-year BP and no inflation	10-year BP or inflation (but not both)	10-year BP and inflation
1	3.5%	113%	97%	84%
2	2.8%	113%	97%	84%
3	2.0%	113%	97%	84%
4	1.7%	113%	97%	84%
5	1.5%	113%	97%	84%
6	1.3%	113%	97%	84%
7	1.1%	113%	97%	84%
8+	1.0%	113%	97%	84%

Mortality

The mortality rates are based on industry data.

The base mortality table is the unloaded 2012 Individual Annuity Mortality Table, sex-distinct. We then apply the following series of adjustment factors which differ based on active vs disabled mortality. Active life mortality has additional adjustment factors based on marital status and policy duration. Disabled life mortality has separate factors by situs and claim duration:

Active Life Mortality

Attained age	Base curve		Marital adjustment	
	Male	Female	Married	Not married
0-64	55.0%	55.0%	89.0%	130.0%
65	57.2%	55.0%	89.0%	130.0%
66	59.3%	55.0%	89.2%	129.0%
67	61.5%	57.2%	89.4%	128.0%
68	63.7%	59.3%	89.6%	127.0%
69	65.8%	61.5%	89.8%	126.0%
70	68.0%	63.7%	90.0%	125.0%
71	70.2%	65.8%	90.2%	124.0%
72	72.3%	68.0%	90.4%	123.0%
73	74.5%	70.2%	90.6%	122.0%
74	76.7%	72.3%	90.8%	121.0%
75	78.8%	74.5%	91.0%	120.0%
76	81.0%	76.7%	91.2%	119.0%
77	83.2%	78.8%	91.4%	118.0%
78	85.3%	81.0%	91.6%	117.0%
79	87.5%	81.0%	91.8%	116.0%
80	89.7%	81.0%	92.0%	115.0%
81	91.8%	81.0%	92.2%	114.0%
82	94.0%	81.0%	92.4%	113.0%
83	94.0%	81.0%	92.6%	112.0%
84	94.0%	81.0%	92.8%	111.0%
85	94.0%	81.0%	93.0%	110.0%
86	94.0%	81.0%	93.2%	109.0%
87	94.0%	81.0%	93.4%	108.0%
88	94.0%	81.0%	93.6%	107.0%
89	94.0%	81.0%	93.8%	106.0%
90	94.0%	81.0%	94.0%	105.0%
91	94.0%	81.0%	94.2%	104.0%
92	94.0%	81.0%	94.4%	103.0%
93	94.0%	81.0%	94.6%	102.0%
94	94.0%	81.0%	94.8%	101.0%
95	94.0%	81.0%	95.0%	100.0%
96	94.0%	81.0%	95.2%	100.0%

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

97	94.0%	81.0%	95.4%	100.0%
98	94.0%	81.0%	95.6%	100.0%
99	94.0%	81.0%	95.8%	100.0%
100	94.0%	81.0%	96.0%	100.0%
101	94.0%	81.0%	96.2%	100.0%
102	94.0%	81.0%	96.4%	100.0%
103	94.0%	81.0%	96.6%	100.0%
104	94.0%	81.0%	96.8%	100.0%
105	94.0%	81.0%	97.0%	100.0%
106	94.0%	81.0%	97.2%	100.0%
107	94.0%	81.0%	97.4%	100.0%
108	94.0%	81.0%	97.6%	100.0%
109	94.0%	81.0%	97.8%	100.0%
110	94.0%	81.0%	98.0%	100.0%
111	94.0%	81.0%	98.2%	100.0%
112	94.0%	81.0%	98.4%	100.0%
113	94.0%	81.0%	98.6%	100.0%
114	94.0%	81.0%	98.8%	100.0%
115	94.0%	81.0%	99.0%	100.0%
116	94.0%	81.0%	99.2%	100.0%
117	94.0%	81.0%	99.4%	100.0%
118	94.0%	81.0%	99.6%	100.0%
119	94.0%	81.0%	99.8%	100.0%
120	94.0%	81.0%	100.0%	100.0%

Selection adjustment	
Duration	Factor
1	29%
2	38%
3	45%
4	50%
5	58%
6	62%
7	67%
8	73%
9	79%
10+	100%

Disabled Life Mortality

The disabled life mortality also uses the unloaded 2012 Individual Annuity Mortality Table, sex-distinct as the base mortality table with different factors applied to the table based on claim situs.

NHF			HHC		
Attained age	Male	Female	Attained age	Male	Female
0-64	2400%	1939%	0-64	3635%	3427%
65	2400%	1939%	65	3635%	3427%
66	2253%	1820%	66	3357%	3164%
67	2105%	1701%	67	3079%	2902%
68	1958%	1582%	68	2800%	2640%
69	1811%	1463%	69	2522%	2378%
70	1664%	1344%	70	2244%	2115%
71	1516%	1225%	71	1966%	1853%
72	1369%	1106%	72	1688%	1591%
73	1301%	1051%	73	1513%	1426%
74	1232%	996%	74	1338%	1261%
75	1164%	941%	75	1163%	1096%
76	1096%	885%	76	988%	932%
77	1028%	830%	77	814%	767%
78	928%	750%	78	757%	713%
79	829%	669%	79	700%	660%

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

80	729%	589%	80	643%	606%
81	630%	509%	81	586%	552%
82	530%	428%	82	529%	499%
83	499%	403%	83	484%	456%
84	468%	378%	84	438%	413%
85	437%	353%	85	392%	370%
86	406%	328%	86	347%	327%
87	376%	303%	87	301%	284%
88	356%	288%	88	287%	271%
89	337%	273%	89	274%	258%
90	318%	257%	90	260%	245%
91	299%	242%	91	246%	232%
92	280%	227%	92	232%	219%
93	264%	213%	93	235%	221%
94	247%	199%	94	237%	224%
95	230%	186%	95	240%	226%
96	213%	172%	96	242%	228%
97	197%	159%	97	245%	231%
98	180%	145%	98	247%	233%
99	163%	132%	99	250%	235%
100+	163%	132%	100+	250%	235%

Adjustment Factors	10 year BP		< 10 year BP	
Claim duration	NHF 10 BP	HHC 10 BP	NHF < 10 BP	HHC < 10 BP
Month 1	218%	219%	230%	328%
Month 2	195%	128%	205%	192%
Month 3	172%	117%	181%	175%
Month 4	148%	111%	156%	166%
Month 5	125%	105%	132%	157%
Month 6	102%	99%	107%	149%
Month 7	96%	100%	100%	138%
Month 8	91%	94%	96%	130%
Month 9	87%	87%	91%	121%
Month 10	83%	81%	87%	112%
Month 11	79%	75%	83%	103%
Month 12	74%	68%	78%	95%
Year 2	87%	70%	91%	89%
Year 3	87%	89%	91%	106%
Year 4	111%	95%	116%	106%
Year 5+	111%	108%	116%	120%

Claim Termination

Claim Terminations are per 1000 and derived by Oliver Wyman from a combination of industry data and their proprietary database.

Nursing Home Facility – Male – Less than 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	119	147	149	137	122	128	147	157
Month 2	120	148	149	137	123	128	148	159
Month 3	88	110	111	102	91	95	109	118
Month 4	61	75	76	70	62	64	74	79

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Month 5	50	61	62	56	50	52	60	64
Month 6	43	51	52	47	42	44	50	54
Month 7	32	39	40	38	35	37	44	47
Month 8	28	33	34	34	33	35	42	46
Month 9	26	29	31	31	32	34	40	43
Month 10	25	26	28	30	31	34	39	41
Month 11	24	24	26	29	31	34	39	40
Month 12	25	22	25	29	32	37	42	41
Year 2	274	239	271	332	384	436	512	574
Year 3	354	393	455	518	595	675	483	619
Year 4	425	485	560	636	707	842	616	846
Year 5	353	435	501	564	619	650	613	904

Nursing Home Facility – Female – Less than 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	102	95	86	74	64	67	78	80
Month 2	99	94	85	72	63	66	77	78
Month 3	73	71	64	54	47	49	58	59
Month 4	51	50	45	38	33	35	43	50
Month 5	41	41	37	31	27	29	36	42
Month 6	36	35	31	26	23	24	29	34
Month 7	28	26	24	21	19	22	27	32
Month 8	24	23	21	19	18	21	26	31
Month 9	20	20	18	18	17	20	25	29
Month 10	18	18	17	17	17	19	24	28
Month 11	16	16	16	16	17	19	23	27
Month 12	15	15	15	16	18	21	24	28
Year 2	160	158	160	187	215	252	313	398
Year 3	260	244	256	290	336	369	319	433
Year 4	331	297	314	353	403	445	409	598
Year 5	285	263	278	314	362	362	412	645

Nursing Home Facility – Male – 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	103	126	128	117	105	110	126	135
Month 2	103	127	129	118	105	110	127	137
Month 3	76	94	96	88	78	82	94	101
Month 4	53	65	66	60	53	55	65	70
Month 5	43	52	53	48	43	45	55	59
Month 6	37	44	45	41	36	38	45	48
Month 7	28	33	34	32	30	33	42	46
Month 8	24	28	30	29	28	31	40	43
Month 9	22	25	26	27	27	30	38	41
Month 10	21	22	24	26	27	29	36	39
Month 11	20	20	22	25	27	30	35	37

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Month 12	21	19	21	25	28	31	36	39
Year 2	236	206	233	285	330	382	457	549
Year 3	304	338	391	445	512	580	462	591
Year 4	366	417	482	547	608	724	589	810
Year 5	304	375	431	485	533	564	586	865

Nursing Home Facility – Female – 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	88	82	74	63	55	58	68	70
Month 2	85	81	73	62	54	57	66	67
Month 3	63	61	55	47	41	43	50	55
Month 4	43	43	38	33	28	33	40	48
Month 5	35	35	31	27	23	28	34	40
Month 6	31	30	27	23	20	22	28	33
Month 7	24	23	21	18	16	21	26	31
Month 8	21	20	18	16	15	20	25	29
Month 9	17	17	16	15	15	19	24	28
Month 10	15	15	14	14	15	18	23	27
Month 11	14	14	13	14	15	17	22	25
Month 12	13	13	13	14	16	18	21	27
Year 2	137	136	138	161	185	241	299	381
Year 3	223	210	220	250	289	317	305	414
Year 4	285	255	270	303	347	383	392	572
Year 5	246	227	239	270	311	347	395	617

Home Care – Male – Less than 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	158	158	164	143	124	123	150	239
Month 2	158	158	165	144	123	122	132	140
Month 3	118	118	123	107	90	89	98	127
Month 4	87	87	91	79	67	66	76	121
Month 5	87	87	74	63	53	52	72	114
Month 6	87	87	61	52	44	43	68	108
Month 7	83	83	50	45	39	39	63	100
Month 8	83	83	42	39	36	37	59	95
Month 9	83	83	37	36	34	35	55	88
Month 10	83	83	33	33	33	34	51	81
Month 11	83	83	30	31	32	34	47	75
Month 12	27	27	28	31	33	35	47	76
Year 2	232	232	241	293	319	348	533	861
Year 3	272	272	275	347	361	415	706	1000
Year 4	275	275	310	361	382	463	779	1000
Year 5	293	293	281	321	378	589	972	1000

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Home Care – Female – Less than 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	97	139	127	99	87	84	109	188
Month 2	97	137	127	98	87	84	90	110
Month 3	76	101	94	72	63	61	66	100
Month 4	56	76	70	54	47	45	55	95
Month 5	45	59	56	43	37	36	52	90
Month 6	38	49	46	36	31	31	49	85
Month 7	30	38	37	30	27	29	46	79
Month 8	25	33	31	26	25	27	43	74
Month 9	24	27	27	24	24	25	40	69
Month 10	22	25	24	22	23	24	37	64
Month 11	20	23	22	21	23	24	34	59
Month 12	18	22	19	21	23	24	36	61
Year 2	205	193	171	198	230	243	409	694
Year 3	241	229	183	230	263	296	545	898
Year 4	238	241	203	248	277	331	606	973
Year 5	264	228	196	242	287	425	760	1000

Home Care – Male – 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	108	108	112	98	85	84	100	159
Month 2	108	108	113	99	84	84	90	93
Month 3	81	81	84	73	62	61	67	85
Month 4	60	60	63	54	46	45	51	81
Month 5	60	60	50	43	36	36	48	76
Month 6	60	60	42	36	30	30	45	72
Month 7	57	57	34	31	27	28	46	73
Month 8	57	57	29	27	25	26	43	68
Month 9	57	57	25	25	23	24	40	63
Month 10	57	57	23	23	23	23	37	59
Month 11	57	57	20	22	22	23	34	55
Month 12	18	18	19	21	22	24	34	54
Year 2	181	181	169	201	219	254	419	678
Year 3	228	228	192	238	249	343	593	928
Year 4	240	240	216	252	276	415	699	1000
Year 5	264	264	253	288	340	531	875	1000

Home Care – Female – 10 year benefit period

Disability duration	Incurred age							
	65	70	75	80	85	90	95	100
Month 1	67	95	87	68	60	57	73	125

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Month 2	67	94	87	67	59	57	62	73
Month 3	52	69	64	50	43	42	45	67
Month 4	39	52	48	37	32	31	37	64
Month 5	31	41	38	29	26	25	35	60
Month 6	26	33	32	24	21	21	33	57
Month 7	21	26	25	21	19	21	33	57
Month 8	18	22	21	18	17	20	31	54
Month 9	17	19	18	16	16	18	29	50
Month 10	16	17	17	15	16	17	27	46
Month 11	15	15	15	14	15	16	25	43
Month 12	13	15	13	14	16	17	26	44
Year 2	162	143	119	136	157	186	321	545
Year 3	202	171	135	164	185	248	458	754
Year 4	213	179	149	184	212	297	543	872
Year 5	238	197	177	218	258	382	684	1000

Utilization

Our claim utilization assumptions are unchanged from our original pricing assumptions.

Situs	NHF	HHC
Utilization rate	100%	57%

Expenses

Internal expense studies revealed that actual expenses differed from what was initially assumed.

Overall Expenses	
Per Policy Issued	\$233.93
Per Inforce Policy	\$213.33
% Inforce Premium	0.84%

Earned Interest

Our earned interest rate for this reprice is assumed to be 4%.

6. Trend Assumptions

As this is an indemnity insurance product with a fixed daily benefit amount, we have not included any explicit medical cost trends in the projections.

7. Marketing Method

This product was marketed through independent agents.

8. Underwriting

This policy form was underwritten using a long form medical questionnaire, and either a telephone interview or a personal observation inspection report. These reports were specifically geared toward assessing loss of ADLs and cognitive impairment. Medical records may have also been obtained.

9. Premium Classes

The base policy premium rates vary by Issue age, Benefit Period, Inflation Option, Home Health Care maximum benefit percentage, and Underwriting Class, as in the initial rate filing.

All premium factors related to the insured elected benefit design options or any eligible discount remain unchanged from the initial rate filing.

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

10. Premium Modalization Rules

Frequency	Multiple of Annual Premium
Semiannual	.520
Quarterly	.265
Monthly	.086

11. Issue Age Range

The issue age range is 18-80 for all policy forms.

12. Area Factors

Area factors are not applicable to any of the policy forms or riders.

13. Average Annual Premium

The table below summarizes the average annual premium per policy before and after the requested increase.

Form	Nationwide	Virginia	
	before the rate increase	before the rate increase	after the rate increase
All Forms	1,868	2,313	3,007

14. Number of Policyholders

The table below summarizes, as of 12/31/2019, the number of policies inforce and their 2019 annualized premium that will be affected by this rate increase in your state.

Form	Nationwide		Virginia	
	Number of Policies	2019 Annualized Premium	Number of Policies	2019 Annualized Premium
All Forms	3,479	6,498,835	36	83,278

In accordance with 14VAC5-130-70 B 13, below summarizes the current number of Virginia and national members to which the rate revision applies as of 09/30/2021 are summarized below.

Form	Nationwide		Virginia	
	Number of Policies	Written Premium	Number of Policies	Written Premium
All Forms	3,363	6,316,671	34	82,302

The average age of current policyholders, both at issue and currently, is provided below as of year-end 2021.

Form	Nationwide		Virginia	
	At Issue	Currently	At Issue	Currently
All Forms	59.4	71.0	58.0	71.4

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

15. Reserves

Active Life Reserves have not been used in this rate increase demonstration. Minimum Statutory Claim reserves as of 12/31/2019 have been discounted to the date of incurral of each respective claim and included in the historical incurred claims. Incurred But Not Reported claim reserves as of 12/31/2019 have also been allocated to the calendar year of incurral and included in historic incurred claims. Active life reserves are 39,535,488 as of 12/31/2019.

16. Analysis Performed

The initial premium schedule was based on the originally filed pricing assumptions which were believed to be appropriate, given company and industry experience available, when the initial rate schedule was developed.

The original pricing assumptions for morbidity, voluntary termination rates, and mortality were as follows:

Morbidity

Incidence and continuance rates for nursing home care are based on the Long Term Care Intercompany Study for 1984-1993 prepared by the Intercompany Subcommittee of the Society of Actuaries' Long Term Care Experience Committee. Adjustments have been made to this basis to reflect the anticipated characteristics and experience of the expected block of business. Incidence and continuance rates for home care are based on the Non-Insured Home and Community-Based Long Term Care Incidence and Continuance Tables of October 1999 prepared for the Non-Insured Home and Community Experience Subcommittee of the Society of Actuaries' Long Term Care Experience Committee. Adjustments have been made to this basis to reflect the impact of underwriting on selection and experience and to reflect the anticipated characteristics and experience of the expected block of business.

Voluntary Terminations

The voluntary lapse assumptions shown below are combined with the mortality rates to determine overall persistency.

Lapses - No Inflation					
Duration	18-50	50-59	60-69	70-79	80+
1	5.0%	5.0%	6.0%	8.0%	8.0%
2	4.5%	4.5%	5.0%	6.0%	6.0%
3	4.0%	4.0%	4.5%	5.0%	4.5%
4	4.0%	4.0%	4.0%	4.0%	4.0%
5	4.0%	4.0%	4.0%	4.0%	4.0%
6	4.0%	4.0%	4.0%	4.0%	4.0%
7	4.0%	4.0%	4.0%	4.0%	4.0%
8	3.5%	3.5%	3.5%	3.5%	3.5%
9	3.0%	3.0%	3.0%	3.0%	3.0%

Lapses - With Inflation					
Duration	18-50	50-59	60-69	70-79	80+
1	9.0%	9.0%	11.5%	15.0%	15.0%
2	8.0%	7.0%	8.5%	10.0%	10.0%
3	6.5%	6.0%	7.5%	8.5%	8.0%
4	4.0%	4.0%	6.0%	6.0%	6.0%
5	4.0%	4.0%	5.5%	5.5%	5.5%
6	4.0%	4.0%	4.5%	4.5%	4.0%
7	4.0%	4.0%	4.0%	4.0%	4.0%
8	4.0%	4.0%	4.0%	4.0%	4.0%
9	4.0%	4.0%	4.0%	4.0%	4.0%

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Mortality

The 1983 Group Annuity Mortality Table was used with the following selection factors applied:

Selection - NHF							
Duration	18-59	60-64	65-69	70-74	75-79	80-84	85+
1	75%	60%	45%	45%	60%	60%	75%
2	85%	80%	60%	60%	80%	80%	85%
3	95%	90%	70%	70%	90%	90%	95%
4	100%	95%	85%	85%	95%	95%	100%
5	100%	100%	90%	90%	100%	100%	100%
6	100%	100%	95%	95%	100%	100%	100%
7+	100%	100%	100%	100%	100%	100%	100%

Selection - HC							
Duration	18-59	60-64	65-69	70-74	75-79	80-84	85+
1	75%	60%	45%	45%	60%	60%	75%
2	85%	80%	60%	60%	80%	80%	85%
3	95%	90%	70%	70%	90%	90%	95%
4	100%	95%	85%	85%	95%	95%	100%
5	100%	100%	90%	90%	100%	100%	100%
6	100%	100%	95%	95%	100%	100%	100%
7+	100%	100%	100%	100%	100%	100%	100%

Expenses

First Year Acquisition Expenses						
		Issue Age				
Description	Type	<65	65-69	70-74	75-79	80+
Issue & Underwriting	Per Policy	\$170	\$185	\$195	\$250	\$325
Marketing	% of Premium	10% for all ages				

Maintenance Expenses		
Description	Formula	Type
Maintenance	\$50 per year, inflating by 2.5% per year	Per Policy
Overhead	2.00%	% of Premium
Taxes, Licenses, Fees	2.50%	% of Premium
Claim Adjudication	3.00%	% of Paid Claims

Commissions	
Duration	All Ages
1	44.0%
2-10	5.5%
11+	2.2%

Earned Interest

Our earned interest rate at the time of the initial pricing was 6.5%.

17. Recent Experience

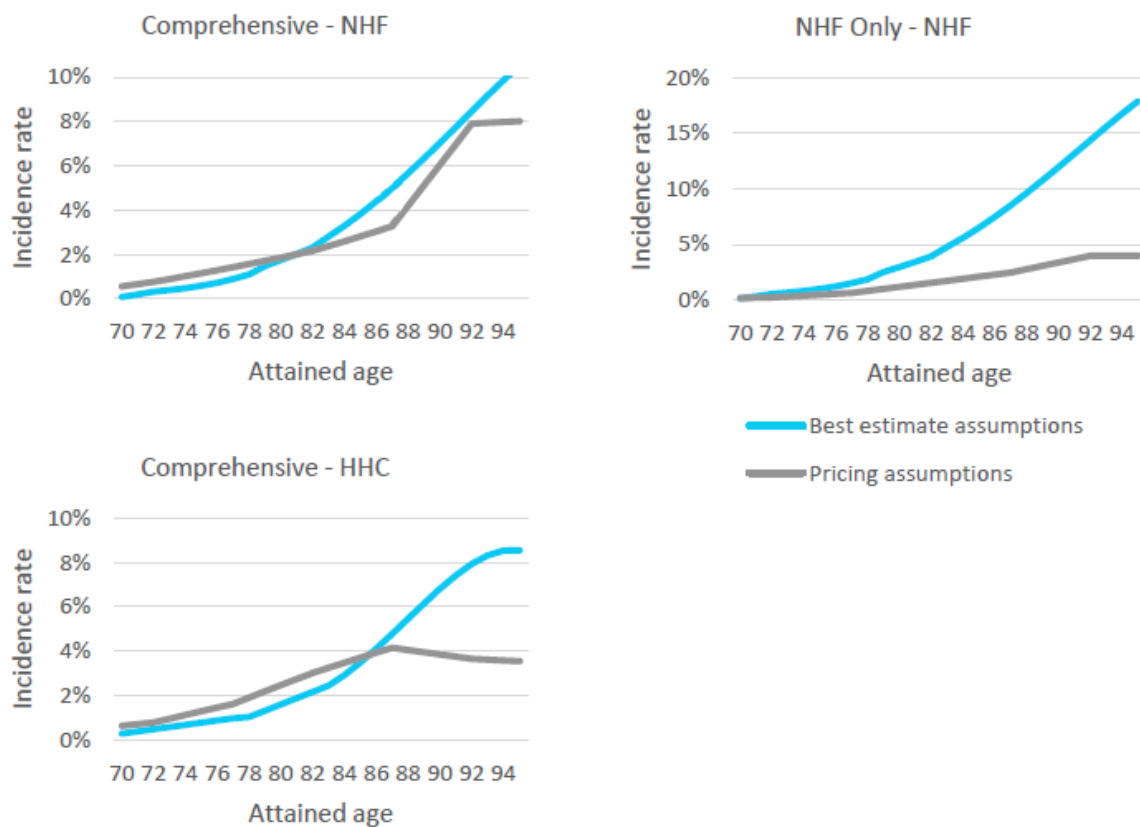
As part of the inforce management of the business, the Company monitored the performance of the business by completing analysis for morbidity, voluntary lapse rates, and mortality. The findings from these analyses were

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. The most current studies show significant unfavorable trends since the original pricing, which prompted our rate increase filing. Industry studies show that claims, particularly at higher ages, continue to last longer than originally expected, and a higher percentage of claim terminations are due to recoveries (as opposed to death) than expected. Our experience shows that lapses are lower than expected.

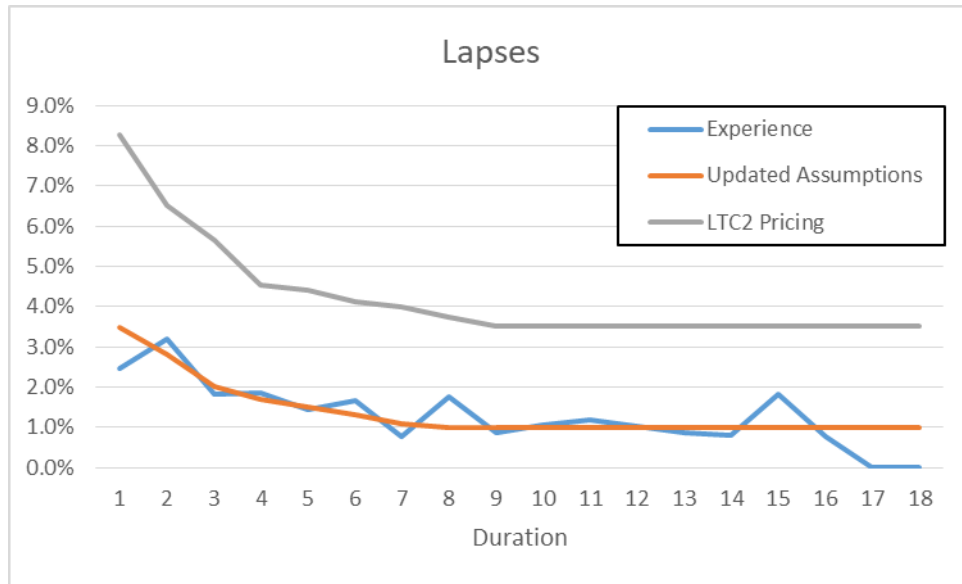
The following show in aggregate how our updated assumptions compare to actual experience where actual experience is the combined experience of all comparable LTC products. Our LTC2 and LTC3 products are very similar in coverage and benefits and their experience has been combined to add additional credibility.

Morbidity



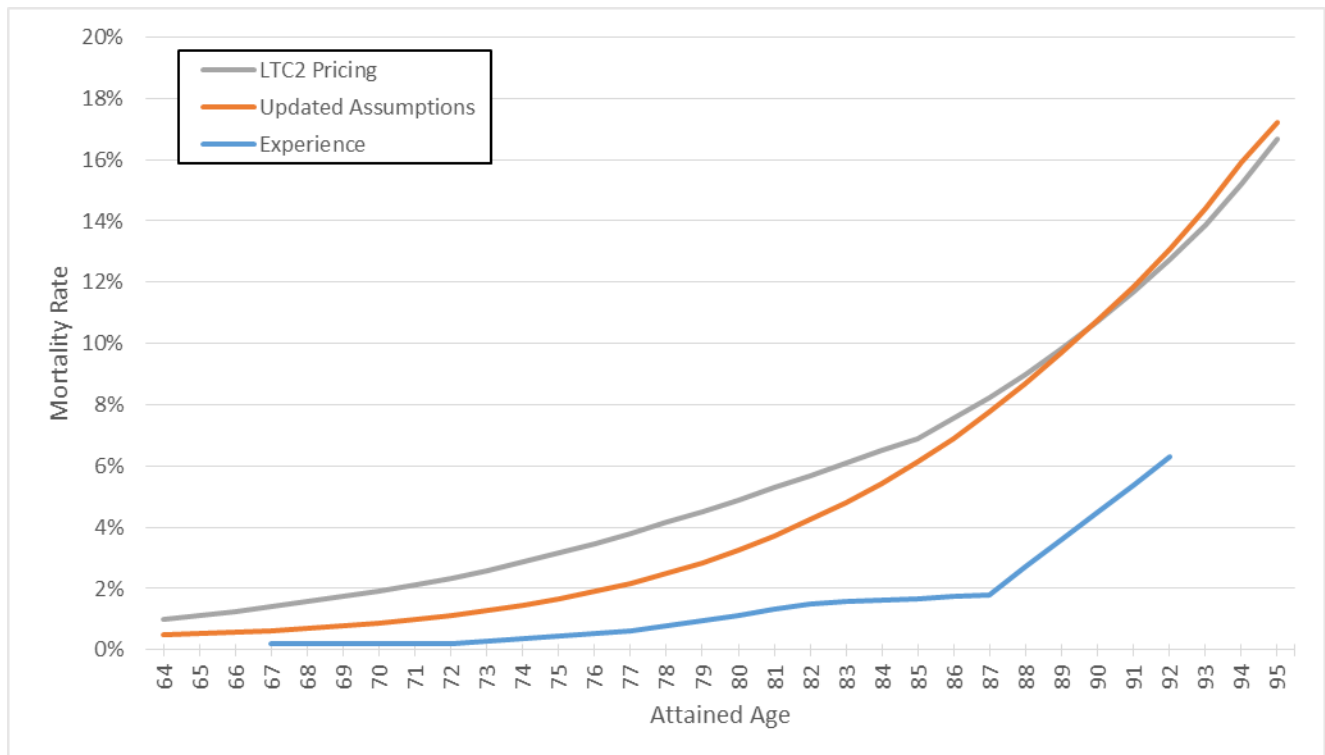
Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Voluntary Lapses



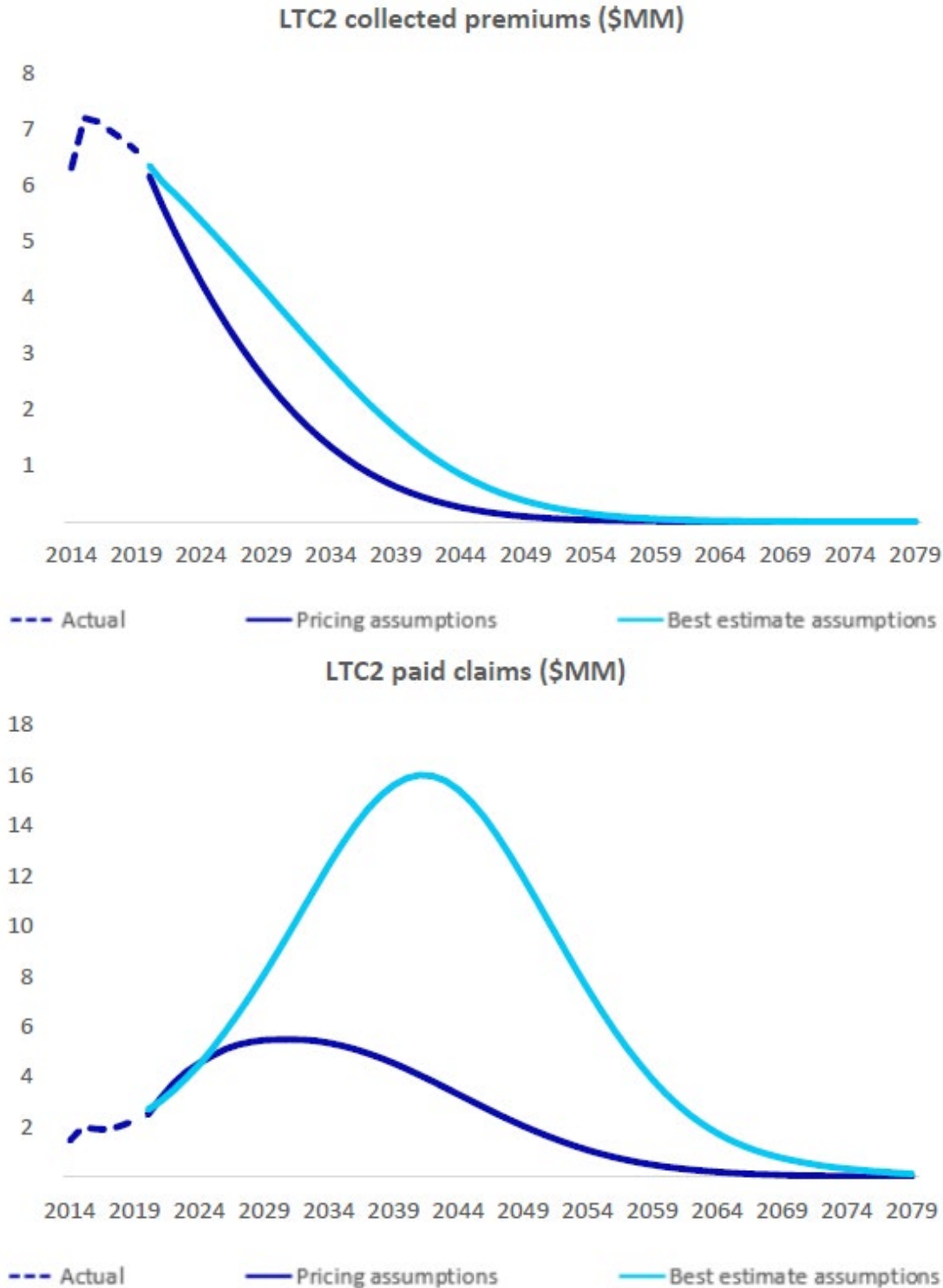
Mortality

As this is an indemnity product with no additional benefits paid upon death, as a company we have not been differentiating deaths from lapses due to other causes. Utilizing our claim data, we were able to roughly approximate disabled life mortality as shown below. We do not place much credibility on this data and have instead chosen to more heavily rely on industry data.



Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

Premiums and Claims Projections



18. Requested Rate Increase

The Company is requesting a flat rate increase of 30% for the LTC2 - 50389/61271/50129/50391 policy forms. Rate increases were derived as follows:

1. As of January 1, 2021, we no longer write any new Long Term Care business. Thus, there is no concern of rates from this increase surpassing new business rates.
2. We projected premiums and claims using the assumptions described above.
3. We determined that the post-stability form requirements would allow a rate increase of up to 238%.

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

4. It would require a 238% increase to certify that no further increases would be necessary. We do not believe this would be in our policy-holders best interest. Our Long Term Care block is a small portion of our business. Because we have had so few claims and because this increase is based largely on industry studies, rather than our own experience, we recommend increasing rates by 30% at this time. We plan to continue monitoring experience and make future rate adjustments if needed.

LTC2 Rate Pages.pdf contains the new proposed rate tables for all policy forms included with this filing.

Please note that the actual rates implemented may vary slightly from those in *LTC2 Rate Pates.pdf* due to implementation rounding algorithms.

Exhibit 1 contains nationwide past premium and claims experience and future premium and claim projections and illustrates an anticipated lifetime loss ratio, including the requested increase, of 114.7%, well in excess of the minimum loss ratio of 60%. The lifetime loss ratio as of 12/31/2019 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium where accumulation and discounting occur at the maximum statutory valuation discount rate.

Post-stability form requirements:

The sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times the original assumed lifetime loss ratio (which was higher than 58%),
2. 85% of the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times the original assumed lifetime loss ratio, and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

19. History of Previous Rate Revisions

No past rate increases.

20. Proposed Effective Date

These rates will be effective on the next policy anniversary date on or after March 1, 2022, following at least a 75 day policyholder notification period.

21. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long-term care insurance premiums. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

I hereby certify that, to the best of my knowledge and judgement, this rate submission is in compliance with applicable laws and regulations and that the premiums are reasonable in relation to the benefits provided.

The preceding Actuarial Memorandum contains:

- a) the assumptions on which this certification is based;
- b) the adjustments to prior assumptions with an explanation of the reasons previous assumptions were not realized; and
- c) a lifetime projection of the prior premium rate schedules and incurred claims plus future expected premiums and claims which demonstrates that the revised premium rate schedule meets the loss ratios standards and necessary details of this state;

Auto Owners Life Insurance Company
Actuarial Memorandum for Inforce Rate Increase
November 7, 2022

I have reviewed and taken into consideration the policy design and coverage provided, and our current underwriting and claims adjudication processes.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Based on these assumptions or statutory requirements where necessary, the premium rate filing is in compliance with the loss ratio standards of this state.

Karen Leiby Digitally signed by Karen Leiby
Date: 2022.11.07 11:50:10
-05'00'

Karen Leiby, ASA, MAAA

Senior Assistant Actuary

Auto-Owners Life Insurance Company

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: Auto-Owners Life Insurance Company

SERFF Tracking Number: AOIC-132726214

Revised Rates

Average Annual Premium Per Member: 3147

Average Requested Percentage Rate Change Per Member: 30%

Range of Requested Rate Changes: 30%

Number of Virginia Policyholders Affected: 34

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
50389 (12-02)	Base Policy		None	None
61271 (4-06)	Inflation Protection Rider – Annual 3% Compounded		None	None
50129 (10-01)	Inflation Protection Rider – Annual 5% Compounded		None	None
50391 (12-02)	Non-forfeiture Benefit – Shortened Benefit Period Rider		None	None
50391 (10-05)	Non-forfeiture Benefit – Shortened Benefit Period Rider		None	None
50391 (4-06)	Non-forfeiture Benefit – Shortened Benefit Period Rider		None	None

Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.
(Rev. 06/19)

Lower than anticipated lapses and interest rates are the main drivers of this rate increase. Lapses are much lower than we had anticipated with the original rate filing, meaning that more policyholders reach advanced age at which claims are more likely. In addition, lower interest rates have increased the present value of future claims, worsening our projected lifetime experience.

Statement of Variability - VA

Policyowner Rate Increase Letter – Form 62556 (4-22)

- Company Logo – will always say “Auto-Owners Life Insurance Company”
- Company Address – current company address
- Date – the day the letter is scheduled to be mailed
- Policyowner Name – name of policyowner
- Policyowner Address – address of policyowner
- Long-Term Care Policy Number – policy number
- Insured Name – name of Insured
- Increased Annual Policy Premium – annual premium after rate increase
- Premium Increase Effective Date – policy anniversary date (will be at least 75 days from letter date)
- Premium Increase Percentage – will reflect the rate increase percentage
- “Due to the increasing premium rates, we have outlined several options that are available to you at this time. These options may allow you to adjust your Long-Term Care Insurance policy to better suit your needs. Please take a moment to carefully review the information below and in the enclosed documents.”
 - If the policy is currently in a premium-paying status, the above paragraph will be included
 - If the policy is currently on waiver (not in a premium-paying status), the following paragraph will be included:
 - “Due to the increasing premium rates, we have outlined several options that are available to you at this time. These options may allow you to adjust your Long-Term Care Insurance policy to better suit your needs. Please take a moment to carefully review the information below and in the enclosed documents. As you review this information, please keep in mind that your Long-Term Care Insurance premium is currently being waived because benefits are being received under your policy. As a result, this rate increase will not impact you until benefits are no longer being received and your policy returns to a premium-paying status.”
- Annual Premium – annual premium prior to rate increase
- Compound Benefit Increase Rider – 3%, 5% or N/A
 - Will indicate “3%” if policy currently has an active 3% Compound Benefit Increase Rider
 - Will indicate “5%” if policy currently has an active 5% Compound Benefit Increase Rider
 - Will indicate “N/A” if policy does not currently have an active Compound Benefit Increase Rider
- Elimination Period – 30, 60 or 90
 - Will indicate “30” if policy currently has a 30-day Elimination Period
 - Will indicate “60” if policy currently has a 60-day Elimination Period
 - Will indicate “90” if policy currently has a 90-day Elimination Period
- Non-Forfeiture Benefit Available – Yes or No
 - Will indicate “Yes” if the client is eligible for non-forfeiture benefits under the Non-Forfeiture Benefit Rider
 - Will indicate “No” if the client is not eligible for non-forfeiture benefits under the Non-Forfeiture Benefit Rider
- Daily Benefit Amount – the Daily Benefit Amount prior to the rate increase
 - “*” – will be included if policy currently has a 3% or 5% Compound Benefit Increase Rider
 - “*If your policy has an active Compound Benefit Increase Rider, the Daily Benefit Amount may be greater than listed.” – will be included if policy currently has a 3% or 5% Compound Benefit Increase Rider
- Benefit Period – 2, 4, 6 or 10
 - Will indicate “2” if policy currently has a 2-year Benefit Period
 - Will indicate “4” if policy currently has a 4-year Benefit Period
 - Will indicate “6” if policy currently has a 6-year Benefit Period
 - Will indicate “10” if policy currently has a 10-year Benefit Period
- Long-Term Care Policy Item Number – 239 or 244
 - Will indicate “239” if policy is an Item 239 Long-Term Care Insurance product
 - Will indicate “244” if policy is an Item 244 Long-Term Care Insurance product

- Contingent Non-Forfeiture Benefit Available – Yes or No
 - Will indicate “Yes” if the client is eligible for non-forfeiture benefits under the Contingent Non-Forfeiture Benefit
 - Will indicate “No” if the client is not eligible for non-forfeiture benefits under the Contingent Non-Forfeiture Benefit
- “If your Long-Term Care Insurance policy premium is currently being paid with 1035 exchange funds from your Auto-Owners Deferred or Single Premium Immediate Annuity, your current annuity distribution will not be enough to cover the increased premium. In order to keep your Long-Term Care Insurance policy in force, you must pay any remaining premium that the annuity payment does not cover. You may be able to adjust your Long-Term Care Insurance policy or, for Deferred Annuities only, you may be able to adjust your annuity distribution to equal the increased premium. For questions regarding the annuity that funds your Long-Term Care Insurance policy, you may contact one of our Annuity Services representatives at [1-800-346-0346 ext. 51861] ([P.O. Box 30325, Lansing, MI 48909]; [annuities@aoins.com]).”
 - The above paragraph will be included if policy premium is currently paid with 1035 exchange funds from an Auto-Owners annuity.
- Annuity Services representatives phone number – current phone number
- Annuity Services representative email address – current email address
- “If you elect to choose one of the policy adjustment options available to you, please do so by [Premium Increase Effective Date]. If you do not choose one of the options, you must pay the increased premium in order for your policy to remain in force. If your policy lapses and you qualify for a non-forfeiture option, your policy will be converted to a paid-up status.”
 - If the policy is currently in a premium-paying status, the above paragraph will be included
 - If the policy is currently on waiver (not in a premium-paying status), the following paragraph will be included:
 - “If you elect to choose one of the policy adjustment options available to you, please do so by [Premium Increase Effective Date]. Because your premiums are currently being waived, any policy adjustment will not occur until your policy returns to a premium-paying status. If you have not chosen one of the policy adjustment options when premiums become due, you must pay the increased premium in order for your policy to remain in force. If your policy lapses and you qualify for a non-forfeiture option, your policy will be converted to a paid-up status.”
- Policyholder Services representative phone number – current phone number
- Policyholder Services email address – current email address
- Company Phone Number – current company phone number
- Agency Code – Agency code for agent of record
- Agency Name – Agency name for agent of record

Important Notice Regarding Long-Term Care Insurance Premium Rate Increase – Form 62510 (11-20)

- Virginia Bureau of Insurance webpage – current Virginia Bureau of Insurance webpage, as updated by Virginia Bureau of Insurance
- Percentage of Approved Increase – will indicate the range of approved rate increase and will indicate “Single Premium Increase” and/or will list the rate increase schedule
 - Ex: implemented x% over two years
- Company Address – current company address
- Company Phone Number – current company phone number
- Policyholder Services email address – current email address

Long-Term Care Insurance Premium Reduction Selection Form – Form 62560 (7-22)

- Company Address – current company address

- Company Phone Number – current company phone number
- Policyholder Services email address – current email address

Exhibit 1

		BEST ESTIMATE			BEST ESTIMATE			BEST ESTIMATE							
		WITHOUT INTEREST			WITH INTEREST			WITH INTEREST AND INCREASE							
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase	4.5% PV Discount	4.0% PV Discount	3.5% PV Discount	
Past Experience	2002-2004	784,114	681	0.1%	1,587,899	1,319	0.1%	1,587,899	1,319	0.1%		1.9353	1.8009	1.6753	
	2005	1,040,168	2,330	0.2%	1,926,333	4,315	0.2%	1,926,333	4,315	0.2%		1.8519	1.7317	1.6187	
	2006	1,471,506	23,119	1.6%	2,584,157	40,972	1.6%	2,584,157	40,972	1.6%		1.7722	1.6651	1.5640	
	2007	2,055,210	15,562	0.8%	3,405,033	26,177	0.8%	3,405,033	26,177	0.8%		1.6959	1.6010	1.5111	
	2008	2,712,777	519,654	19.2%	4,272,940	824,341	19.3%	4,272,940	824,341	19.3%		1.6229	1.5395	1.4600	
	2009	3,148,271	167,097	5.3%	4,740,574	251,516	5.3%	4,740,574	251,516	5.3%		1.5530	1.4802	1.4106	
	2010	3,574,929	322,063	9.0%	5,155,467	469,140	9.1%	5,155,467	469,140	9.1%		1.4861	1.4233	1.3629	
	2011	4,162,739	405,992	9.8%	5,753,300	568,076	9.9%	5,753,300	568,076	9.9%		1.4221	1.3686	1.3168	
	2012	4,768,273	550,006	11.5%	6,320,875	732,950	11.6%	6,320,875	732,950	11.6%		1.3609	1.3159	1.2723	
	2013	5,446,597	943,579	17.3%	6,912,491	1,201,964	17.4%	6,912,491	1,201,964	17.4%		1.3023	1.2653	1.2293	
	2014	6,302,157	5,899,062	93.6%	7,656,545	7,234,425	94.5%	7,656,545	7,234,425	94.5%		1.2462	1.2167	1.1877	
	2015	7,187,899	3,519,554	49.0%	8,377,401	4,133,675	49.3%	8,377,401	4,133,675	49.3%		1.1925	1.1699	1.1475	
	2016	7,125,770	1,639,354	23.0%	7,991,121	1,862,455	23.3%	7,991,121	1,862,455	23.3%		1.1412	1.1249	1.1087	
	2017	6,962,088	1,243,197	17.9%	7,514,616	1,346,461	17.9%	7,514,616	1,346,461	17.9%		1.0920	1.0816	1.0707	
	2018	6,804,620	2,410,239	35.4%	7,069,340	2,509,527	35.5%	7,069,340	2,509,527	35.5%		1.0450	1.0400	1.0303	
	2019	6,600,676	2,464,095	37.3%	6,600,676	2,464,095	37.3%	6,600,676	2,464,095	37.3%		1.0000	1.0000	1.0000	
	Future Experience	2020	6,275,306	2,207,130	35.2%	6,040,589	2,119,873	35.1%	6,040,589	2,119,873	35.1%	1.0000	0.9569	0.9615	0.9662
		2021	6,060,081	2,717,180	44.8%	5,615,676	2,507,363	44.6%	5,615,676	2,507,363	44.6%	1.0000	0.9157	0.9246	0.9303
		2022	5,834,374	3,252,637	55.7%	5,205,182	2,884,202	55.4%	6,766,737	2,884,202	42.6%	1.3000	0.8763	0.8890	0.9000
		2023	5,600,506	3,826,417	68.3%	4,810,877	3,261,003	67.8%	6,254,140	3,261,003	52.1%	1.0000	0.8386	0.8548	0.8714
2024		5,359,262	4,403,841	82.2%	4,432,961	3,608,548	81.4%	5,762,850	3,608,548	62.6%	1.0000	0.8025	0.8219	0.8420	
2025		5,112,773	5,063,690	99.0%	4,072,657	3,989,056	97.9%	5,294,454	3,989,056	75.3%	1.0000	0.7679	0.7903	0.8135	
2026		4,861,821	5,755,228	118.4%	3,729,888	4,359,654	116.9%	4,848,855	4,359,654	89.9%	1.0000	0.7348	0.7599	0.7860	
2027		4,606,923	6,477,647	140.6%	3,404,314	4,719,208	138.6%	4,425,608	4,719,208	106.6%	1.0000	0.7032	0.7307	0.7594	
2028		4,348,946	7,232,989	166.3%	3,095,800	5,068,952	163.7%	4,024,540	5,068,952	126.0%	1.0000	0.6729	0.7026	0.7337	
2029		4,088,770	8,043,920	196.7%	2,804,151	5,423,612	193.4%	3,645,396	5,423,612	148.8%	1.0000	0.6439	0.6756	0.7089	
	2030	3,827,356	8,886,944	232.2%	2,529,172	5,766,349	228.0%	3,287,923	5,766,349	175.4%	1.0000	0.6162	0.6496	0.6849	
	2031	3,566,141	9,761,213	273.7%	2,270,915	6,096,585	268.5%	2,952,190	6,096,585	206.5%	1.0000	0.5897	0.6246	0.6618	
	2032	3,306,480	10,648,304	322.0%	2,029,285	6,403,266	315.5%	2,638,071	6,403,266	242.7%	1.0000	0.5643	0.6006	0.6394	
	2033	3,049,699	11,535,619	378.3%	1,804,098	6,680,469	370.3%	2,345,327	6,680,469	284.8%	1.0000	0.5400	0.5775	0.6178	
	2034	2,797,430	12,399,700	443.3%	1,595,293	6,917,022	433.6%	2,073,881	6,917,022	333.5%	1.0000	0.5167	0.5553	0.5969	
	2035	2,551,389	13,219,934	518.1%	1,402,769	7,105,230	506.5%	1,823,599	7,105,230	389.6%	1.0000	0.4945	0.5339	0.5767	
	2036	2,313,185	13,966,713	603.8%	1,226,294	7,234,237	589.9%	1,594,183	7,234,237	453.8%	1.0000	0.4732	0.5134	0.5572	
	2037	2,084,262	14,623,381	701.6%	1,065,499	7,301,701	685.3%	1,385,148	7,301,701	527.1%	1.0000	0.4528	0.4936	0.5384	
	2038	1,866,080	15,168,857	812.9%	919,993	7,303,329	793.8%	1,195,991	7,303,329	610.7%	1.0000	0.4333	0.4746	0.5202	
	2039	1,659,921	15,586,490	939.0%	789,271	7,237,724	917.0%	1,026,053	7,237,724	705.4%	1.0000	0.4146	0.4564	0.5026	
	2040	1,466,804	15,861,364	1081.4%	672,695	7,105,096	1056.2%	874,504	7,105,096	812.5%	1.0000	0.3968	0.4388	0.4856	
	2041	1,287,601	15,984,780	1241.4%	569,575	6,908,605	1212.9%	740,448	6,908,605	933.0%	1.0000	0.3797	0.4220	0.4692	
	2042	1,122,954	15,949,279	1420.3%	479,145	6,651,727	1388.2%	622,889	6,651,727	1067.9%	1.0000	0.3634	0.4057	0.4533	
	2043	973,224	15,750,036	1618.3%	400,556	6,338,698	1582.5%	520,723	6,338,698	1217.3%	1.0000	0.3477	0.3901	0.4380	
	2044	838,350	15,397,578	1836.7%	332,833	5,979,867	1796.7%	432,682	5,979,867	1382.0%	1.0000	0.3327	0.3751	0.4231	
	2045	717,846	14,911,488	2077.3%	274,911	5,587,727	2032.6%	357,385	5,587,727	1563.5%	1.0000	0.3184	0.3607	0.4088	
	2046	611,279	14,300,658	2339.5%	225,836	5,169,556	2289.1%	293,586	5,169,556	1760.8%	1.0000	0.3047	0.3468	0.3950	
	2047	517,868	13,579,707	2622.2%	184,591	4,734,238	2564.7%	239,968	4,734,238	1972.9%	1.0000	0.2916	0.3335	0.3817	
	2048	436,518	12,779,455	2927.6%	150,138	4,295,646	2861.1%	195,179	4,295,646	2200.9%	1.0000	0.2790	0.3207	0.3687	
	2049	366,120	11,924,407	3257.0%	121,530	3,863,892	3179.4%	157,989	3,863,892	2445.7%	1.0000	0.2670	0.3083	0.3563	
2050	305,550	11,036,641	3612.1%	97,905	3,447,033	3520.8%	127,277	3,447,033	2708.3%	1.0000	0.2555	0.2965	0.3442		
Past Future		70,147,793	20,125,585	28.7%	87,868,769	23,671,406	26.9%	87,868,769	23,671,406	26.9%					
Lifetime		87,814,818	332,253,220	378.4%	62,354,400	166,069,468	266.3%	77,563,841	166,069,468	214.1%					
		157,962,611	352,378,804	223.1%	150,223,169	189,740,874	126.3%	165,432,610	189,740,874	114.7%					

1	Accumulated value of initial earned premium	87,868,769	x	58%	50,963,886
2a	Accumulated value of earned premium	87,868,769			
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	-	x	85%	-
3	Present value of future projected initial earned premium	62,354,400		58%	36,165,552
4a	Present value of future projected premium	77,563,841			
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	15,209,441	x	85%	12,928,025
5	Lifetime earned premium with prescribed factors applied (Sum of 1,2b,3 and 4b)				100,057,463
6a	Accumulated value of historical incurred claims without the inclusion of active life reserves	23,671,406			
6b	Present value of future projected incurred claims without the inclusion of active life reserves	166,069,468			
7	Lifetime incurred claims under best estimate projections				189,740,874

100,057,463	<	189,740,874	Result of test TRUE
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Please note this exhibit assumes an average effective date of 1/1/2022.

Exhibit 1 - Expected Using Original Assumptions and Actual Issued Policies

		Expected Using Original Assumptions			Expected Using Original Assumptions			Expected Using Original Assumptions		
		Without Interest			With Maximum Valuation Interest 3.5%-4.5%			With Original Pricing Interest 6%		
		Earned	Incurred	Loss	Earned	Incurred	Loss	Earned	Incurred	Loss
		Premium	Claims	Ratio	Premium	Claims	Ratio	Premium	Claims	Ratio
Past	2002	15,397	963	6.3%	32,540	2,035	6.3%	41,462	2,593	6.3%
Experience	2003	184,307	18,180	9.9%	372,738	36,767	9.9%	468,206	46,184	9.9%
	2004	538,066	64,337	12.0%	1,041,311	124,511	12.0%	1,289,508	154,188	12.0%
	2005	909,421	131,208	14.4%	1,684,198	242,990	14.4%	2,056,114	296,648	14.4%
	2006	1,267,498	217,302	17.1%	2,222,943	382,584	17.2%	2,703,482	463,490	17.1%
	2007	1,749,870	330,483	18.9%	2,894,557	550,414	19.0%	3,521,083	664,997	18.9%
	2008	2,309,977	473,545	20.5%	3,632,436	750,052	20.6%	4,385,027	898,930	20.5%
	2009	2,655,232	606,743	22.9%	3,992,306	917,907	23.0%	4,755,116	1,086,584	22.9%
	2010	2,970,796	744,092	25.0%	4,277,988	1,077,288	25.2%	5,019,097	1,257,127	25.0%
	2011	3,393,945	906,038	26.7%	4,684,062	1,256,416	26.8%	5,409,432	1,444,086	26.7%
	2012	3,829,819	1,087,213	28.4%	5,070,249	1,445,186	28.5%	5,758,632	1,634,767	28.4%
	2013	4,312,503	1,282,271	29.7%	5,463,167	1,633,177	29.9%	6,117,368	1,818,926	29.7%
	2014	4,906,010	1,519,376	31.0%	5,948,189	1,853,822	31.2%	6,565,348	2,033,268	31.0%
	2015	5,541,942	1,783,011	32.2%	6,446,678	2,086,563	32.4%	6,996,574	2,251,011	32.2%
	2016	5,268,098	1,970,283	37.4%	5,899,654	2,215,554	37.6%	6,274,389	2,346,639	37.4%
	2017	4,942,456	2,127,989	43.1%	5,329,616	2,300,490	43.2%	5,553,343	2,391,008	43.1%
	2018	4,631,040	2,277,224	49.2%	4,808,821	2,367,485	49.2%	4,908,903	2,413,858	49.2%
	2019	4,332,588	2,416,098	55.8%	4,332,588	2,416,098	55.8%	4,332,588	2,416,098	55.8%
Future Experience	2020	4,040,928	2,555,150	63.2%	3,891,871	2,458,144	63.2%	3,812,197	2,410,519	63.2%
	2021	3,758,033	2,671,125	71.1%	3,486,205	2,472,493	70.9%	3,344,636	2,377,292	71.1%
	2022	3,483,609	2,787,763	80.0%	3,112,974	2,483,150	79.8%	2,924,905	2,340,659	80.0%
	2023	3,218,164	2,897,224	90.0%	2,770,480	2,483,729	89.6%	2,549,087	2,294,873	90.0%
	2024	2,961,543	3,005,066	101.5%	2,456,345	2,479,670	100.9%	2,213,038	2,245,560	101.5%
	2025	2,715,664	3,087,525	113.7%	2,170,297	2,452,680	113.0%	1,914,436	2,176,583	113.7%
	2026	2,480,293	3,164,816	127.6%	1,910,109	2,420,661	126.7%	1,649,536	2,104,784	127.6%
	2027	2,255,909	3,229,028	143.1%	1,674,333	2,378,453	142.1%	1,415,385	2,025,932	143.1%
	2028	2,042,380	3,282,976	160.7%	1,460,946	2,328,982	159.4%	1,208,882	1,943,189	160.7%
	2029	1,841,232	3,304,378	179.5%	1,269,507	2,258,093	177.9%	1,028,134	1,845,148	179.5%
	2030	1,652,120	3,313,102	200.5%	1,098,082	2,181,211	198.6%	870,316	1,745,301	200.5%
	2031	1,475,275	3,300,395	223.7%	945,330	2,093,711	221.5%	733,166	1,640,195	223.7%
	2032	1,310,388	3,274,523	249.9%	809,530	2,001,701	247.3%	614,361	1,535,224	249.9%
	2033	1,158,384	3,213,657	277.4%	690,009	1,893,258	274.4%	512,354	1,421,404	277.4%
	2034	1,018,670	3,141,432	308.4%	585,106	1,783,821	304.9%	425,055	1,310,810	308.4%
	2035	891,043	3,051,693	342.5%	493,557	1,670,454	338.5%	350,756	1,201,288	342.5%
	2036	774,901	2,951,422	380.9%	413,928	1,557,360	376.2%	287,771	1,096,053	380.9%
	2037	670,505	2,819,191	420.5%	345,425	1,434,140	415.2%	234,907	987,686	420.5%
	2038	577,022	2,682,560	464.9%	286,706	1,315,644	458.9%	190,713	886,621	464.9%
	2039	493,892	2,535,589	513.4%	236,696	1,198,996	506.6%	153,998	790,609	513.4%
	2040	420,299	2,384,092	567.2%	194,286	1,086,990	559.5%	123,633	701,294	567.2%
	2041	355,974	2,216,575	622.7%	158,726	974,513	614.0%	98,785	615,111	622.7%
	2042	299,964	2,052,108	684.1%	129,021	869,988	674.3%	78,530	537,236	684.1%
	2043	251,533	1,886,196	749.9%	104,370	771,106	738.8%	62,123	465,850	749.9%
	2044	209,836	1,725,349	822.2%	83,999	680,159	809.7%	48,892	402,004	822.2%
	2045	174,373	1,562,926	896.3%	67,347	594,148	882.2%	38,329	343,547	896.3%
	2046	144,298	1,409,563	976.8%	53,776	516,713	960.9%	29,923	292,298	976.8%
	2047	118,942	1,263,318	1062.1%	42,775	446,622	1044.1%	23,269	247,143	1062.1%
	2048	97,635	1,127,182	1154.5%	33,889	384,391	1134.3%	18,019	208,029	1154.5%
	2049	79,929	994,595	1244.3%	26,780	327,218	1221.9%	13,916	173,169	1244.3%
	2050	65,242	874,516	1340.4%	21,103	277,608	1315.5%	10,716	143,643	1340.4%
Past		53,758,967	17,956,357	33.4%	68,134,040	21,659,340	31.8%	76,155,672	23,620,403	31.0%
Future		41,037,976	77,765,038	189.5%	31,023,507	48,275,807	155.6%	26,979,767	38,509,053	142.7%
Lifetime		94,796,944	95,721,395	101.0%	99,157,547	69,935,147	70.5%	103,135,439	62,129,456	60.2%

Exhibit 1 - Without Policies Utilizing Nonforfeiture

		BEST ESTIMATE			BEST ESTIMATE			BEST ESTIMATE						
		WITHOUT INTEREST			WITH INTEREST			WITH INTEREST AND INCREASE			Rate Increase	4.5% PV Discount	4.0% PV Discount	3.5% PV Discount
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio				
Past	2002-2004	784,114	681	0.1%	1,587,899	1,319	0.1%	1,587,899	1,319	0.1%		1.9353	1.8009	1.6753
Experience	2005	1,040,168	2,330	0.2%	1,926,333	4,315	0.2%	1,926,333	4,315	0.2%		1.8519	1.7317	1.6187
	2006	1,471,506	23,119	1.6%	2,584,157	40,972	1.6%	2,584,157	40,972	1.6%		1.7722	1.6651	1.5640
	2007	2,055,210	15,562	0.8%	3,405,033	26,177	0.8%	3,405,033	26,177	0.8%		1.6959	1.6010	1.5111
	2008	2,712,777	519,654	19.2%	4,272,940	824,341	19.3%	4,272,940	824,341	19.3%		1.6229	1.5395	1.4600
	2009	3,148,271	167,097	5.3%	4,740,574	251,516	5.3%	4,740,574	251,516	5.3%		1.5530	1.4802	1.4106
	2010	3,574,929	322,063	9.0%	5,155,467	469,140	9.1%	5,155,467	469,140	9.1%		1.4861	1.4233	1.3629
	2011	4,162,739	405,992	9.8%	5,753,300	568,076	9.9%	5,753,300	568,076	9.9%		1.4221	1.3686	1.3168
	2012	4,768,273	550,006	11.5%	6,320,875	732,950	11.6%	6,320,875	732,950	11.6%		1.3609	1.3159	1.2723
	2013	5,446,597	943,579	17.3%	6,912,491	1,201,964	17.4%	6,912,491	1,201,964	17.4%		1.3023	1.2653	1.2293
	2014	6,302,157	5,899,062	93.6%	7,656,545	7,234,425	94.5%	7,656,545	7,234,425	94.5%		1.2462	1.2167	1.1877
	2015	7,187,899	3,519,554	49.0%	8,377,401	4,133,675	49.3%	8,377,401	4,133,675	49.3%		1.1925	1.1699	1.1475
	2016	7,125,770	1,639,354	23.0%	7,991,121	1,862,455	23.3%	7,991,121	1,862,455	23.3%		1.1412	1.1249	1.1087
	2017	6,962,088	1,243,197	17.9%	7,514,616	1,346,461	17.9%	7,514,616	1,346,461	17.9%		1.0920	1.0816	1.0712
	2018	6,804,620	2,410,239	35.4%	7,069,340	2,509,527	35.5%	7,069,340	2,509,527	35.5%		1.0450	1.0400	1.0350
	2019	6,600,676	2,464,095	37.3%	6,600,676	2,464,095	37.3%	6,600,676	2,464,095	37.3%		1.0000	1.0000	1.0000
Future	2020	6,210,864	2,204,084	35.5%	5,978,694	2,116,950	35.4%	5,978,694	2,116,950	35.4%	1.0000	0.9569	0.9615	0.9662
Experience	2021	5,997,285	2,706,029	45.1%	5,557,744	2,497,103	44.9%	5,557,744	2,497,103	44.9%	1.0000	0.9157	0.9246	0.9335
	2022	5,773,308	3,233,487	56.0%	5,151,069	2,867,303	55.7%	6,696,390	2,867,303	42.8%	1.3000	0.8763	0.8890	0.9019
	2023	5,541,238	3,799,754	68.6%	4,760,425	3,238,436	68.0%	6,188,552	3,238,436	52.3%	1.0000	0.8386	0.8548	0.8714
	2024	5,301,847	4,370,482	82.4%	4,386,010	3,581,464	81.7%	5,701,812	3,581,464	62.8%	1.0000	0.8025	0.8219	0.8420
	2025	5,057,279	5,024,088	99.3%	4,029,059	3,958,212	98.2%	5,237,777	3,958,212	75.6%	1.0000	0.7679	0.7903	0.8135
	2026	4,808,311	5,709,321	118.7%	3,689,498	4,325,347	117.2%	4,796,348	4,325,347	90.2%	1.0000	0.7348	0.7599	0.7860
	2027	4,555,447	6,425,611	141.1%	3,366,982	4,681,887	139.1%	4,377,077	4,681,887	107.0%	1.0000	0.7032	0.7307	0.7594
	2028	4,299,540	7,174,935	166.9%	3,061,372	5,028,983	164.3%	3,979,783	5,028,983	126.4%	1.0000	0.6729	0.7026	0.7337
	2029	4,041,459	7,979,539	197.4%	2,772,472	5,381,054	194.1%	3,604,214	5,381,054	149.3%	1.0000	0.6439	0.6756	0.7089
	2030	3,782,167	8,816,043	233.1%	2,500,097	5,721,341	228.8%	3,250,126	5,721,341	176.0%	1.0000	0.6162	0.6496	0.6849
	2031	3,523,086	9,683,730	274.9%	2,244,298	6,049,337	269.5%	2,917,587	6,049,337	207.3%	1.0000	0.5897	0.6246	0.6618
	2032	3,265,567	10,563,779	323.5%	2,004,982	6,353,742	316.9%	2,606,477	6,353,742	243.8%	1.0000	0.5643	0.6006	0.6394
	2033	3,010,928	11,443,248	380.1%	1,781,971	6,628,455	372.0%	2,316,562	6,628,455	286.1%	1.0000	0.5400	0.5775	0.6178
	2034	2,760,811	12,298,176	445.5%	1,575,214	6,862,079	435.6%	2,047,778	6,862,079	335.1%	1.0000	0.5167	0.5553	0.5969
	2035	2,516,921	13,108,006	520.8%	1,384,613	7,047,030	509.0%	1,799,997	7,047,030	391.5%	1.0000	0.4945	0.5339	0.5767
	2036	2,280,862	13,842,757	606.9%	1,209,940	7,172,336	592.8%	1,572,922	7,172,336	456.0%	1.0000	0.4732	0.5134	0.5572
	2037	2,054,065	14,486,252	705.2%	1,050,824	7,235,961	688.6%	1,366,071	7,235,961	529.7%	1.0000	0.4528	0.4936	0.5384
	2038	1,837,981	15,017,578	817.1%	906,877	7,233,723	797.7%	1,178,940	7,233,723	613.6%	1.0000	0.4333	0.4746	0.5202
	2039	1,633,884	15,420,775	943.8%	777,599	7,164,544	921.4%	1,010,879	7,164,544	708.7%	1.0000	0.4146	0.4564	0.5026
	2040	1,442,780	15,681,268	1086.9%	662,352	7,028,769	1061.2%	861,058	7,028,769	816.3%	1.0000	0.3968	0.4388	0.4856
	2041	1,265,533	15,790,247	1247.7%	560,450	6,829,495	1218.6%	728,586	6,829,495	937.4%	1.0000	0.3797	0.4220	0.4692
	2042	1,102,774	15,740,906	1427.4%	471,131	6,570,416	1394.6%	612,471	6,570,416	1072.8%	1.0000	0.3634	0.4057	0.4533
	2043	954,870	15,528,037	1626.2%	393,555	6,255,587	1589.5%	511,621	6,255,587	1222.7%	1.0000	0.3477	0.3901	0.4380
	2044	821,741	15,162,138	1845.1%	326,746	5,895,284	1804.2%	424,770	5,895,284	1387.9%	1.0000	0.3327	0.3751	0.4231
	2045	702,927	14,661,901	2085.8%	269,659	5,501,643	2040.2%	350,557	5,501,643	1569.4%	1.0000	0.3184	0.3607	0.4088
	2046	597,983	14,037,506	2347.5%	221,338	5,082,387	2296.2%	287,739	5,082,387	1766.3%	1.0000	0.3047	0.3468	0.3950
	2047	506,126	13,303,990	2628.6%	180,773	4,646,496	2570.3%	235,005	4,646,496	1977.2%	1.0000	0.2916	0.3335	0.3817
	2048	426,246	12,493,388	2931.0%	146,928	4,208,172	2864.1%	191,006	4,208,172	2203.2%	1.0000	0.2790	0.3207	0.3687
	2049	357,224	11,630,752	3255.9%	118,857	3,777,576	3178.3%	154,514	3,777,576	2444.8%	1.0000	0.2670	0.3083	0.3563
	2050	297,939	10,738,622	3604.3%	95,706	3,362,781	3513.7%	124,417	3,362,781	2702.8%	1.0000	0.2555	0.2965	0.3442
Past		70,147,793	20,125,585	28.7%	87,868,769	23,671,406	26.9%	87,868,769	23,671,406	26.9%				
Future		86,728,997	328,076,430	378.3%	61,637,234	164,303,896	266.6%	76,667,472	164,303,896	214.3%				
Lifetime		156,876,790	348,202,015	222.0%	149,506,003	187,975,302	125.7%	164,536,241	187,975,302	114.2%				

1	Accumulated value of initial earned premium	87,868,769	x	58%	50,963,886
2a	Accumulated value of earned premium	87,868,769			
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	-	x	85%	-
3	Present value of future projected initial earned premium	61,637,234		58%	35,749,596
4a	Present value of future projected premium	76,667,472			
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	15,030,239	x	85%	12,775,703
5	Lifetime earned premium with prescribed factors applied (Sum of 1,2b,3 and 4b)				99,489,184
6a	Accumulated value of historical incurred claims without the inclusion of active life reserves				23,671,406
6b	Present value of future projected incurred claims without the inclusion of active life reserves				164,303,896
7	Lifetime incurred claims under best estimate projections				187,975,302

99,489,184 < 187,975,302 Result of test TRUE

Please note this exhibit assumes an average effective date of 1/1/2022.

Average Mortality, Lapse, and Incidence Factors by Duration

Duration	Original Mortality	Updated Mortality	Original Lapse	Updated Lapse	Original Incidence w/o Select Factors	Updated Incidence w/o Select Factors	Original Incidence with Select Factors	Updated Incidence with Select Factors
1	1.1%	0.4%	8.8%	3.5%	0.6%	0.4%	0.3%	0.1%
2	1.3%	0.5%	6.9%	2.8%	0.7%	0.5%	0.5%	0.1%
3	1.4%	0.5%	5.9%	2.0%	0.8%	0.5%	0.6%	0.2%
4	1.6%	0.6%	4.6%	1.7%	0.8%	0.6%	0.8%	0.2%
5	1.7%	0.7%	4.5%	1.5%	0.9%	0.7%	0.9%	0.3%
6	1.9%	0.8%	4.2%	1.3%	1.1%	0.7%	1.0%	0.3%
7	2.1%	0.9%	4.0%	1.1%	1.2%	0.9%	1.2%	0.4%
8	2.3%	1.0%	3.8%	1.0%	1.3%	1.0%	1.3%	0.5%
9	2.6%	1.1%	3.6%	1.0%	1.5%	1.1%	1.5%	0.7%
10	2.9%	1.2%	3.6%	1.0%	1.7%	1.3%	1.7%	0.8%
11	3.2%	1.4%	3.6%	1.0%	1.9%	1.5%	1.9%	0.9%
12	3.5%	1.5%	3.6%	1.0%	2.1%	1.7%	2.1%	1.1%
13	3.8%	1.7%	3.6%	1.0%	2.3%	2.0%	2.3%	1.3%
14	4.2%	2.0%	3.6%	1.0%	2.6%	2.3%	2.6%	1.5%
15	4.7%	2.2%	3.6%	1.0%	2.9%	2.6%	2.9%	1.8%
16	5.2%	2.5%	3.6%	1.0%	3.3%	3.0%	3.3%	2.1%
17	5.7%	2.8%	3.6%	1.0%	3.6%	3.4%	3.6%	2.4%
18	6.3%	3.1%	3.6%	1.0%	4.1%	3.9%	4.1%	2.9%
19	6.9%	3.5%	3.6%	1.0%	4.5%	4.4%	4.5%	3.3%
20	7.6%	3.9%	3.6%	1.0%	5.1%	4.9%	5.1%	3.8%
21	8.3%	4.4%	3.6%	1.0%	5.7%	5.5%	5.7%	4.4%
22	9.1%	4.9%	3.6%	1.0%	6.3%	6.1%	6.3%	5.0%
23	10.0%	5.4%	3.6%	1.0%	7.0%	6.8%	7.0%	5.7%
24	10.9%	6.0%	3.6%	1.0%	7.8%	7.5%	7.8%	6.4%
25	11.9%	6.7%	3.6%	1.0%	8.6%	8.2%	8.6%	7.2%
26	13.0%	7.4%	3.6%	1.0%	9.5%	9.0%	9.5%	8.0%
27	14.1%	8.1%	3.6%	1.0%	10.5%	9.7%	10.5%	8.9%
28	15.3%	8.9%	3.6%	1.0%	11.6%	10.5%	11.6%	9.9%
29	16.6%	9.8%	3.6%	1.0%	12.8%	11.3%	12.8%	10.8%
30	18.0%	10.7%	3.6%	1.0%	14.1%	12.0%	14.1%	11.7%

Assumption Attribution of Indicated Rate Change

Key Assumption	As of Original Pricing	As of Most Recent Rate Increase	Experience Used to Justify Current Assumptions	Current Assumptions for Projected Premiums and Claims	Portion of Cumulative Increase Attribution
Mortality	Memo Pg 13	NA	Memo Pg 5	Memo Pg 5	55.5%
Voluntary Lapse	Memo Pg 13	NA	Memo Pg 4	Memo Pg 4	70.9%
Incidence	Memo Pg 12	NA	Memo pg 3	Memo Pg 3	-27.8%
Interest Earnings	Memo Pg 14	NA	NA	Memo Pg 11	74.0%
Continuance/Termination	Memo Pg 12	NA	Memo Pg 7	Memo Pg 7	4.2%
Utilization	Memo Pg 11	NA	Memo Pg 11	Memo Pg 11	43.3%
Allow Disabled Life Recoveries	+	+	+	+	18.0%
				Cumulative Rate Increase	238%

+The initial pricing of this product did not account for individuals going on claim and later recovering. The updated projections account for the possibility of recovering and thus possibly filing additional claims in the future.

Projected Experience Assuming Initial Rates were 130% of Actual

		BEST ESTIMATE			BEST ESTIMATE					
		WITHOUT INTEREST			WITH INTEREST					
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio			
								4.5% PV Discount	4.0% PV Discount	3.5% PV Discount
Past Experience	2002-2004	1,019,348	681	0.1%	2,064,269	1,319	0.1%	1.9353	1.8009	1.6753
	2005	1,352,218	2,330	0.2%	2,504,233	4,315	0.2%	1.8519	1.7317	1.6187
	2006	1,912,958	23,119	1.2%	3,359,404	40,972	1.2%	1.7722	1.6651	1.5640
	2007	2,671,773	15,562	0.6%	4,426,543	26,177	0.6%	1.6959	1.6010	1.5111
	2008	3,526,611	519,654	14.7%	5,554,822	824,341	14.8%	1.6229	1.5395	1.4600
	2009	4,092,752	167,097	4.1%	6,162,747	251,516	4.1%	1.5530	1.4802	1.4106
	2010	4,647,407	322,063	6.9%	6,702,108	469,140	7.0%	1.4861	1.4233	1.3629
	2011	5,411,561	405,992	7.5%	7,479,290	568,076	7.6%	1.4221	1.3686	1.3168
	2012	6,198,755	550,006	8.9%	8,217,137	732,950	8.9%	1.3609	1.3159	1.2723
	2013	7,080,576	943,579	13.3%	8,986,238	1,201,964	13.4%	1.3023	1.2653	1.2293
	2014	8,192,804	5,899,062	72.0%	9,953,508	7,234,425	72.7%	1.2462	1.2167	1.1877
	2015	9,344,269	3,519,554	37.7%	10,890,622	4,133,675	38.0%	1.1925	1.1699	1.1477
	2016	9,263,501	1,639,354	17.7%	10,388,457	1,862,455	17.9%	1.1412	1.1249	1.1087
	2017	9,050,714	1,243,197	13.7%	9,769,001	1,346,461	13.8%	1.0920	1.0816	1.0712
	2018	8,846,006	2,410,239	27.2%	9,190,143	2,509,527	27.3%	1.0450	1.0400	1.0350
	2019	8,580,879	2,464,095	28.7%	8,580,879	2,464,095	28.7%	1.0000	1.0000	1.0000
Future Experience	2020	8,157,897	2,207,130	27.1%	7,852,766	2,119,873	27.0%	0.9569	0.9615	0.9662
	2021	7,878,105	2,717,180	34.5%	7,300,378	2,507,363	34.3%	0.9157	0.9246	0.9335
	2022	7,584,686	3,252,637	42.9%	6,766,737	2,884,202	42.6%	0.8763	0.8890	0.9019
	2023	7,280,658	3,826,417	52.6%	6,254,140	3,261,003	52.1%	0.8386	0.8548	0.8714
	2024	6,967,040	4,403,841	63.2%	5,762,850	3,608,548	62.6%	0.8025	0.8219	0.8420
	2025	6,646,605	5,063,690	76.2%	5,294,454	3,989,056	75.3%	0.7679	0.7903	0.8135
	2026	6,320,367	5,755,228	91.1%	4,848,855	4,359,654	89.9%	0.7348	0.7599	0.7860
	2027	5,989,000	6,477,647	108.2%	4,425,608	4,719,208	106.6%	0.7032	0.7307	0.7594
	2028	5,653,630	7,232,989	127.9%	4,024,540	5,068,952	126.0%	0.6729	0.7026	0.7337
	2029	5,315,400	8,043,920	151.3%	3,645,396	5,423,612	148.8%	0.6439	0.6756	0.7089
	2030	4,975,563	8,886,944	178.6%	3,287,923	5,766,349	175.4%	0.6162	0.6496	0.6849
	2031	4,635,983	9,761,213	210.6%	2,952,190	6,096,585	206.5%	0.5897	0.6246	0.6618
	2032	4,298,423	10,648,304	247.7%	2,638,071	6,403,266	242.7%	0.5643	0.6006	0.6399
	2033	3,964,608	11,535,619	291.0%	2,345,327	6,680,469	284.8%	0.5400	0.5775	0.6177
	2034	3,636,659	12,399,700	341.0%	2,073,881	6,917,022	333.5%	0.5167	0.5553	0.5966
	2035	3,316,806	13,219,934	398.6%	1,823,599	7,105,230	389.6%	0.4945	0.5339	0.5767
	2036	3,007,141	13,966,713	464.5%	1,594,183	7,234,237	453.8%	0.4732	0.5134	0.5572
	2037	2,709,541	14,623,381	539.7%	1,385,148	7,301,701	527.1%	0.4528	0.4936	0.5384
	2038	2,425,904	15,168,857	625.3%	1,195,991	7,303,329	610.7%	0.4333	0.4746	0.5202
	2039	2,157,897	15,586,490	722.3%	1,026,053	7,237,724	705.4%	0.4146	0.4564	0.5026
	2040	1,906,845	15,861,364	831.8%	874,504	7,105,096	812.5%	0.3968	0.4388	0.4855
	2041	1,673,881	15,984,780	955.0%	740,448	6,908,605	933.0%	0.3797	0.4220	0.4692
	2042	1,459,840	15,949,279	1092.5%	622,889	6,651,727	1067.9%	0.3634	0.4057	0.4533
	2043	1,265,192	15,750,036	1244.9%	520,723	6,338,698	1217.3%	0.3477	0.3901	0.4383
	2044	1,089,855	15,397,578	1412.8%	432,682	5,979,867	1382.0%	0.3327	0.3751	0.4238
	2045	933,200	14,911,488	1597.9%	357,385	5,587,727	1563.5%	0.3184	0.3607	0.4088
	2046	794,663	14,300,658	1799.6%	293,586	5,169,556	1760.8%	0.3047	0.3468	0.3950
	2047	673,229	13,579,707	2017.1%	239,968	4,734,238	1972.9%	0.2916	0.3335	0.3811
	2048	567,473	12,779,455	2252.0%	195,179	4,295,646	2200.9%	0.2790	0.3207	0.3687
	2049	475,956	11,924,407	2505.4%	157,989	3,863,892	2445.7%	0.2670	0.3083	0.3566
	2050	397,215	11,036,641	2778.5%	127,277	3,447,033	2708.3%	0.2555	0.2965	0.3444
Past		91,192,131	20,125,585	22.1%	114,229,399	23,671,406	20.7%			
Future		114,159,263	332,253,220	291.0%	81,060,720	166,069,468	204.9%			
Lifetime		205,351,395	352,378,804	171.6%	195,290,120	189,740,874	97.2%			

Loss Ratio Proections Based on Original Assumptions
With Actual Issued Policies

Expected Loss	
Year	Ratio
2002	6%
2003	10%
2004	12%
2005	14%
2006	17%
2007	19%
2008	20%
2009	23%
2010	25%
2011	27%
2012	28%
2013	30%
2014	31%
2015	32%
2016	37%
2017	43%
2018	49%
2019	56%
2020	63%
2021	71%
2022	80%
2023	90%
2024	101%
2025	114%
2026	128%

Expected Loss	
Year	Ratio
2027	143%
2028	161%
2029	179%
2030	201%
2031	224%
2032	250%
2033	277%
2034	308%
2035	342%
2036	381%
2037	420%
2038	465%
2039	513%
2040	567%
2041	623%
2042	684%
2043	750%
2044	822%
2045	896%
2046	977%
2047	1062%
2048	1154%
2049	1244%
2050	1340%
2051	1441%

Projected Lifetime Loss Ratio With Actual Issued Policies	60%
Originally Filed Loss Ratio	≥ 60%

IMPORTANT NOTICE REGARDING LONG-TERM CARE INSURANCE PREMIUM RATE INCREASE



PO Box 30325 • Lansing, MI 48909-7825

Like many other companies, Auto-Owners Life Insurance Company has found it necessary to increase the rates on your Long-Term Care Insurance policy. When we first began selling Long-Term Care Insurance, we based the premium rates on certain assumptions. Unfortunately, because of several reasons, these assumptions have not endured. The costs of long-term care services have continued to increase and people are living longer due to medical advances and increases in technology. Due to these changes, more Long-Term Care Insurance claims are being paid than initially anticipated.

The following chart displays premium rate increases for our Long-Term Care Insurance products. The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia State Corporation Commission's webpage at <https://www.scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

Product Item Number	Product Form Numbers	Issue Years	Year Increase Requested	Year Increase Implemented	Percentage of Approved Increase
239	50134 (10-01); 50145 (7-02); 50336 (7-02); 50344 (7-02); 50353 (8-02); 50359 (8-02); 50366 (9-02); 50367 (9-02); 50382 (10-02); 50389 (12-02); 50413 (3-04); 50426 (7-04)	2002 - 2016	2020	2021	0-30% (Single Premium Increase)
244	ICC13 62091 (12-12); 62168 (10-13); 62169 (10-13); 62170 (10-13); 62171 (10-13)	2014 - 2021	2020	2021	0-15% (Single Premium Increase)

The increase to your Long-Term Care Insurance premium will be effective on your policy anniversary. The revised premium is shown in the accompanying letter and is also listed on the enclosed Policy Data page. Please place this revised Policy Data page with your Long-Term Care Insurance policy.

Your Long-Term Care Insurance policy is guaranteed renewable. Your policy will remain in force during your lifetime as long as premiums are paid on time. You may continue your policy by paying the newly increased premium, or you may be able to adjust your policy in order to reduce premium payments. If you would like to decrease the premium on your Long-Term Care Insurance policy by reducing benefits, you may choose one or more of the following options.

1. Decrease the Daily Benefit Amount on your Long-Term Care Insurance policy (subject to policy minimums)
 - a. Your Daily Benefit Amount may be reduced to a minimum amount of \$50.00 per day.
 - b. Daily Benefit Amounts must be in \$10.00 increments.
2. Discontinue or reduce the Compound Benefit Increase Rider (if applicable and currently active)
 - a. If you currently have an active 5% Compound Benefit Increase Rider, it may be reduced to a 3% Compound Benefit Increase Rider.
 - i. You will retain your accrued Daily Benefit Amount; however, compounding will continue at 3% rather than 5%.
 - b. If you currently have an active 3% or 5% Compound Benefit Increase Rider, it may be removed from the policy.
 - i. You will retain your accrued Daily Benefit Amount; however, no further compounding will occur.
3. Decrease the Benefit Period on your Long-Term Care Insurance policy (subject to policy minimums)
 - a. For Item 239 policies: Benefit Periods may be reduced to 2, 4 or 6 years.
 - b. For Item 244 policies: Benefit Periods may be reduced to 2, 4 or 6 years.

4. Increase the Elimination Period on your Long-Term Care Insurance policy (subject to policy maximums)
 - a. For Item 239 policies: Elimination Periods may be increased to 60 or 90 days.
 - b. For Item 244 policies: Elimination Periods may be increased to 60 or 90 days.
5. Exercise the Contingent Non-Forfeiture Benefit (if applicable)
 - a. Eligibility for the Contingent Non-Forfeiture Benefit is based on the Long-Term Care Insurance premium rate increase percentage and your age at time of policy issue.
 - i. Please refer to your Long-Term Care Insurance policy for full eligibility requirements.
 - b. This is available if your Long-Term Care Insurance policy rate increase exceeds the specified percentage, based on issue age, and your policy lapses within 120 days of the due date of the increased premium.
 - c. If exercised, the non-forfeiture benefit will be equal to 100% of all premiums paid for your policy.
 - i. In no event will the non-forfeiture benefit be less than 30 times the Daily Benefit Amount and shall not exceed the Maximum Lifetime Benefit which would have been payable if the policy had remained in a premium-paying status.
 - d. If a non-forfeiture benefit is chosen, your benefits will remain the same with the exception of the following:
 - i. Your Maximum Lifetime Benefit will be reduced; and
 - ii. No further compounding will occur under a Compound Benefit Increase Rider, if applicable.
6. Exercise the Non-Forfeiture Benefit Rider (if applicable)
 - a. You are eligible for this option if you have purchased the Non-Forfeiture Benefit Rider, it is currently in force, and it has been in force for at least three (3) years.
 - b. If exercised, the non-forfeiture benefit will be equal to 100% of all premiums paid for your policy.
 - i. In no event will the non-forfeiture benefit be less than 30 times the Daily Benefit Amount and shall not exceed the Maximum Lifetime Benefit which would have been payable if the policy had remained in a premium-paying status.
 - c. If a non-forfeiture benefit is chosen, your benefits will remain the same with the exception of the following:
 - i. Your Maximum Lifetime Benefit will be reduced; and
 - ii. No further compounding will occur under a Compound Benefit Increase Rider, if applicable.

In addition to the options above, you may also adjust the frequency of your premium payments to better suit your needs. Premium payments may be made in monthly, quarterly, semi-annual or annual modes.

The premium reduction options that are available to you are unique and are based on your specific policy. For further details, please refer to your individual policy and the Current Policy Information shown in the accompanying letter. Your Auto-Owners agent will be happy to assist with any questions you may have.

If you choose to decrease your premium by selecting one of the available options, please complete the Long-Term Care Insurance Premium Reduction Selection Form and return it in the enclosed envelope. **Please note: available options may not be of equal value and benefits may be limited.**

If you do not choose one of the options above, you must pay the increased premium in order for your policy to remain in force. If your Long-Term Care Insurance policy premium remains unpaid when due, your policy will lapse unless you qualify for a non-forfeiture option.

Please be aware that the premium rate for your policy may be increased in the future. In the event of a future premium rate increase, you will be notified of the new premium amount prior to the increase. You will have the right to a revised premium rate schedule and will also be offered premium reduction options similar to those listed above.

If you have any questions, you may contact your Auto-Owners agent or one of our Policyholder Services representatives at 1-800-346-0346 ext. 51860 (P.O. Box 30325, Lansing, MI 48909; lifephs@aoins.com).

AUTO-OWNERS LIFE INSURANCE
P.O. BOX 30325
LANSING, MI 48909-7825



P.O. BOX 30325 • LANSING, MICHIGAN 48909-7825

January 3, 2023

John Doe
123 Main Street
Apt. 2B
Anytown, VA 12345

RE: Long-Term Care Insurance Policy 123-456789-0 Jane Doe
Increased Annual Policy Premium: \$1,300.00
Premium Increase Effective Date: March 23, 2023

IMPORTANT INFORMATION

Thank you for choosing Auto-Owners Life Insurance Company for your Long-Term Care Insurance needs. We value your business and strive to provide you with quality products and service. After careful review of the factors that impact our products, we find it necessary to make the difficult decision to increase rates on our Long-Term Care Insurance policies. This letter and the enclosed documents provide information regarding the Long-Term Care Insurance premium rate increase and how it will impact your policy.

Your Long-Term Care Insurance policy premium will be increasing to \$1,300.00 per year, which is an increase of 30%. This premium increase will be effective on March 23, 2023. Please be aware that we are raising rates for all Long-Term Care Insurance policies similar to yours. We will never raise premiums based on your individual circumstances, such as age, health or claims history.

Due to the increasing premium rates, we have outlined several options that are available to you at this time. These options may allow you to adjust your Long-Term Care Insurance policy to better suit your needs. Please take a moment to carefully review the information below and in the enclosed documents.

CURRENT POLICY INFORMATION (Prior to Premium Increase)

Annual Premium:	\$1,000.00	Daily Benefit Amount*:	\$100.00
Compound Benefit Increase Rider:	5%	Benefit Period:	6 years
Elimination Period:	90 days	Long-Term Care Policy Item Number:	239
Non-Forfeiture Benefit Available:	Yes	Contingent Non-Forfeiture Benefit Available:	No

*If your policy has an active Compound Benefit Increase Rider, the Daily Benefit Amount may be greater than listed.

ENCLOSED DOCUMENTS

1. Important Notice Regarding Long-Term Care Insurance Premium Rate Increase
 - a. This document provides information regarding the Long-Term Care Insurance premium rate increase and various premium reduction options that may be available to you.
2. Long-Term Care Insurance Premium Reduction Selection Form
 - a. This document may be used to modify your Long-Term Care Insurance policy, subject to policy limits, in an effort to reduce your premium payment.
 - b. If you choose to adjust your policy, please complete this form prior to March 23, 2023 and return it to Auto-Owners Life Insurance Company using the enclosed envelope.
3. Revised Policy Data Page
 - a. The enclosed Policy Data page reflects the increased premium of your Long-Term Care Insurance policy.
 - b. Please place the revised Policy Data page with your Long-Term Care Insurance policy.

If you elect to choose one of the policy adjustment options available to you, please do so by March 23, 2023. If you do not choose one of the options, you must pay the increased premium in order for your policy to remain in force. If your policy lapses and you qualify for a non-forfeiture option, your policy will be converted to a paid-up status.

Please be aware that the premium rate for your policy may be increased in the future. In the event of a future premium rate increase, you will be notified of the new premium amount prior to the increase. You will have the right to a revised premium rate schedule and will be offered premium reduction options similar to those listed above.

For questions about this letter or any of the enclosed documents, you may contact your Auto-Owners agent or one of our Policyholder Services representatives at 1-800-346-0346 ext. 51860 (P.O. Box 30325, Lansing, MI 48909; lifephs@aoins.com). Thank you for being an Auto-Owners policyholder.

enc: Important Notice Regarding Long-Term Care Insurance Premium Rate Increase
Long-Term Care Insurance Premium Reduction Selection Form
Data Page
Envelope

cc: 05-0375 Anytown Agency

Auto-Owners Life Insurance Company

P.O. Box 30325 • Lansing, MI 48909-7825

Long-Term Care Insurance Premium Reduction Selection Form

Insured's Name: Jane Doe

Policy Number: 123-456789-0

Policyowner's Name: John Doe

Policyowner's Email: john_doe@email.com

Policyowner's Telephone Number: 1-555-123-4567

Best Time to Call: After 7pm

Long-Term Care Insurance policies are structured to meet individual needs. Please refer to the accompanying letter for your current policy information. Depending on your individual policy, you may be able to reduce your Long-Term Care Insurance policy premium by adjusting one or more of your policy elements. If available, you may also be able to elect a Non-Forfeiture option. Your Auto-Owners agent will be happy to assist with any questions you may have.

If you choose to adjust your policy or elect a Non-Forfeiture option, please complete this form and return it in the enclosed envelope. Unless you choose otherwise, any policy adjustment or Non-Forfeiture option you choose, and we approve, will be effective on the Premium Increase Effective Date mentioned in the accompanying letter. For policies currently receiving long-term care benefits, any policy adjustment you choose, and we approve, will become effective when your policy returns to a premium-paying status. A notice confirming your premium reduction selection will be mailed separately.

If applicable, please select: A) One or more options from Section 1; **OR** B) One option from Section 2.

SECTION 1

Decrease Daily Benefit Amount

☒ Decrease my Daily Benefit Amount to \$ 80.00

Must be in \$10 increments; \$50 minimum

Decrease Benefit Period

- ☐ 2 Years
☒ 4 Years
☐ 6 Years

Increase Elimination Period

- ☐ 60 Days
☐ 90 Days

Discontinue or Reduce Compound Benefit Increase Rider

- ☐ Reduce the 5% Compound Benefit Increase Rider to a 3% Compound Benefit Increase Rider
☐ Discontinue the 3% Compound Benefit Increase Rider
☒ Discontinue the 5% Compound Benefit Increase Rider

SECTION 2

Elect Non-Forfeiture Option (If a Non-Forfeiture option is chosen and both options are available, your policy will default to the Contingent Non-Forfeiture Benefit.)

- ☐ I Choose to exercise the Contingent Non-Forfeiture Benefit, if available
☐ I Choose to exercise the Non-Forfeiture Benefit Rider, if available

If you have any questions regarding your policy or any of the options above, you may contact your Auto-Owners agent or one of our Policyholder Services representatives at 1-800-346-0346 ext. 51860 (P.O. Box 30325, Lansing, MI 48909; lifephs@aoins.com).

John Doe
Policyowner's Signature

3/13/23
Date (MM/DD/YYYY)

POLICY DATA

SCHEDULE OF BENEFITS AND PREMIUMS

TOTAL ANNUAL PREMIUM []

ANNUAL (1.000)	SEMI-ANNUAL (0.520)	QUARTERLY (0.265)	MONTHLY EFT (0.086)
[]	[]	[]	[]